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ORIGINAL ARTICLES.

REGRESSIVE INFANTILE PARALYSIS.*

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It is seldom that the critic can truthfully bestow unqualified praise upon an author. More frequently does it happen that in the very work which the aspirant for honors believes is destined to elevate him to the front rank in the scientific world, facts considered unanswerable have to be wholly disproved. But in this treatise of Dr. Barlow, so complete is his knowledge of the subject, and so scientific his exposition, that I question if even the most bitter of these knights of the quill could find a weak point at which to aim a feathered shaft.

Having been called to treat a most interesting case of Regressive Paralysis, and at the same time having obtained the pamphlet spoken of, I have thought that a review of the work, with a report of my own case and its treatment, would not prove uninteresting to the Society.

The deductions made are from a tabulated list of some 63 cases, treated by the author, in hospital and private practice, during a period of seven years; and the whole subject of the disease is so thoroughly treated, that we must consider the monograph as positive authority, and a most invaluable aid to the busy practitioner who has but little time to read whole volumes to find out what Dr. Barlow relates in a few pages. More than this, he might search through all the authorities, and then not find the correct nomenclature of this singular disease.

Described hitherto under two heads, according as the disease has affected subjects of an early age, or those in more adult life, but found more frequently in the former class, it has been, says Barlow, generally known as Infantile Paralysis, Spinal Kinderlähmung, of Heine, Essential Paralysis, of Rilliet, Paralyse atrophique graisseuse de l'enfance, of Duchesne, or by the light of later knowledge, omitting the adjective graisseuse, Rheumatic paralysis, acute spinal paralysis, etc. It seems to me that the names *rheumatic* and *acute spinal* are not inapt, for although they do not express the peculiar characteristic of the disease, still, in my own case, the true nomenclature not being known, the symptoms certainly tallied accurately with either of them.

This disease, says the author, has certain peculiarities which distinguish it from all affections of a paralytic character; *first*, as regards the primary exciting cause of the attack; *secondly*, as regards the mode of onset; *thirdly*, as regards the extent and character of the paralysis; *fourthly*, as regards its aggression; and

lastly, as regards the subsequent progress of the case with its results of atrophy and deformity of the members affected.

The case I shall bring before your notice presented, as will be seen, all the peculiar diagnostic signs, excepting that there was no great atrophy and no deformity. The progress of a typical case, according to the author, is as follows: A young child, or it may be an adult (I shall not consider the disease in the adult), as Dr. Barlow remarks "that the cases in infancy are more numerous, more free from complications and more completely worked out than those occurring in adult life." A young child, then, after some exposure to external influences—severe cold, prolonged exposure to wet—is seized with a rigor, followed by feverish symptoms, and in some cases, convulsions, or trouble of the cerebral functions; and this, after enduring a variable length of time, passes away, leaving the patient paralyzed, it may be in one limb or two, or in all four. The two lower limbs are most frequently affected, and the paralysis assumes a paraplegic character; but not unfrequently one arm and one leg will be so affected—generally the arm and leg of opposite sides of the body, but sometimes taking a true *hemiplegic* form. Sometimes an upper extremity alone is affected, and sometimes the neck, face and even the trunk and tongue participate. Whatever the extent of the paralysis, it is always found to possess certain characteristics. The limb hangs flaccid, there is no trace of muscular spasm or rigidity, the skin retains its sensibility, but all reflex power is lost. At first the muscles respond to the faradic current, but in a short time they lose this power, though they still, and for a longer period retain their power of response to the continuous, or rather the galvanic current of electricity. There is no marked affection of the sphincters, or of functions of the bladder and rectum; at the most, and later on in the case, there may be a slight degree of inability of the bladder. There are rarely any cerebral complications, and when they do exist, they may be look upon as accidental.

After a time varying in length within considerable limits, some members recover their power, or some muscles or group of muscles, in one or more limbs are left paralyzed while the others recover. This is a symptom so constant and so peculiar as to mark off this form of paralysis sharply and strongly from all others, and it is on this account that Dr. Barlow created the name "Regressive Paralysis."

There are many forms of *progressive* paralysis, but no other true *regressive* form. After this regression takes place, the muscles still left paralyzed speedily waste and atrophy. The skin over the limb becomes bluish and mottled, the temperature falls considerably, trophic trouble becomes marked, the skin becomes liable to boils, the nutrition of all the structures are affected, the bones dwindle and certain deformities are entailed upon the affected limb.

This is a graphic picture of the symptoms and progress of a case of Regressive Paralysis. As will be seen by comparison, the case I treated presented a

* A review of a pamphlet published in Manchester, England, in September, 1876, by Wm. H. Barlow, M. D., Consulting Physician to the Dispensary General Hospital and Dispensary for Sick Children, Manchester, together with a Report of a typical case of the disease in question, and its Homoeopathic Treatment, by J. Savage Delavan, M. D.

picture of them with one or two exceptions. Irritability of the bladder was observed at the commencement of the attack, and before the regression obtained; but I am inclined to think it due to the exciting cause of the disease itself, and not as a sequel of the disease proper. As will be seen, when we consider the manner and cause of seizure in my case, I judge it will be satisfactorily shown that the cause which produced the lesion of the nervous centres might readily have affected the bladder primarily, as was evident from this symptom speedily vanishing under treatment and not continuing with the regression of the paralysis. I did not remark any discoloration of the skin, and but slight change in the nutrition of the structure, and as I previously remarked, no deformity has resulted thus far. This may be explained from the fact that I believe the disease was arrested not by self-limitation, but by homeopathic treatment. My case and the resumé of Barlow's were otherwise identical, so there can be no question as to the correctness of the diagnosis.

The author proceeds to speak of various causes and varieties of Regressive Infantile Paralysis. Let us briefly review his deductions. He has not found the influence of sex to be at all marked. Thus out of 63 cases, 33 were males and 30 females. The age most liable to attack is from the first to the second year; 43 cases out of 63 occurred between these ages. My own patient was 3½ years of age. Of the influence of season we have strong evidence. Out of 63 cases in which the date of attack could be fixed with certainty, 27 occurred during the months of July and August. This fact being noticeable as having a bearing upon the primary cause of this affection, as it is during these months that other reflex troubles, such as diarrhoea, etc., are most prevalent, and these months likewise predispose to chills and sudden variations of temperature. He is also of opinion that this form of paralysis is of a reflex nature. An examination into the circumstances immediately preceding these cases shows that out of the 63 there had been a clear evidence of exposure to cold or vicissitude of temperature in 16; from diarrhoea 7, eruptive fevers 3, dentition 6, and one doubtful fright. In 11 the attack was preceded by convulsions, by fever without convulsions, or other perceptible exciting cause 17, while in 10 cases nothing however had been noticed previous to the seizure. There was a clear evidence of exposure and fever in my case, and probably in the ten cases reported, the exciting cause may have been overlooked. Dr. Barlow never saw a case occur in a child over five years of age, save one at 18, which would almost come under the head of adult age. His table of cases and the age at the time of the attack deserves notice.

Under the age of 6 months,	-	-	6 attacks.
From " " " 6 " to 12 months,	18	"	"
" " " 12 " " 18 "	12	"	"
" " " 1 year to 2 years,	-	11	"
" " " 2 " " 5 "	-	12	"
Unknown,	-	-	4
Total,	-	-	63 Cases.

In many cases the author has found a history of some antecedent exposure to heat or cold, so well marked and so immediately followed by the paralytic symptoms as to render it impossible to doubt that the connection between cause and effect must exist between them. He cites cases where the causation of the attacks was well marked, and speaks of the fact that in a large proportion of cases there are at the onset some cerebral complications; that the children affected are often, if not generally otherwise healthy, intelligent and active, presenting in their appearance a marked contrast to those afflicted with paralysis of a cerebral origin. As to the relative frequency of the members attacked he has found that the lower limbs are the most frequently the seat of the malady. When the upper extremity is the seat of definite paralysis it is the muscles of the shoulder, the deltoid and teres muscles and the scapular group which

are generally affected, the regression being from below upward. In the thigh it is the group of anterior and internal muscles, the adductors of the thigh and the quadriceps extensor of the leg which chiefly suffer, while in the leg the anterior and external group, the extensor communis digitorum, the tibialis anticus and the peronei are most frequently affected. Where the gastrocnemius is affected the anterior muscles are generally spared; the proper muscles of the foot seldom participate.

The extensor communis digitorum and peronei are by far the most frequently the subjects of definite paralysis and the next in order is the tibialis anticus. The sensibility does not suffer any marked change, although at the onset there is fever and hyperæsthesia, but the true character of the disease cannot be recognized at that period.

Reflex action in response to light irritation is speedily lost, although electricity still affects the contractile powers of the muscle. This I noticed in my own case. The author gives an exhaustive description of the various stages of the disease, the tropic changes, the flaccid, loose hanging of the affected limbs, comparing them to "a flail that can be moved freely in all directions, but beyond the control of the will." He speaks of the deformities which result as an effect of the nervous lesion, citing various authors and cases, and going on *in extenso* to prove the cause of these deformities to be the result of the paralysis. His chapter on the disease in the adult, I shall pass over, and go on to the diagnosis of the disease which is difficult only in the onset, as the febrile conditions, etc., are common to various affections. But he gives seven diagnostic signs by which the disease is clearly marked, which I have found clearly defined in my own case.

First. A sudden access in a state of health after some exposure, or evidence of reflex irritation, generally preceded by a febrile attack, often so slight as to be unobserved; by convulsions or by some illness, diarrhoea, measles or varioloid.

Second. The want of proportion between the accidents of the onset, and the extent or permanence of the resulting paralysis, especially to be noted in the infantile form (this was particularly observable in the case I treated.)

Third. The paralysis is generally complete, and attains the maximum at once. This is not, according to his experience, so invariable in the infantile form; but it was so in my own case, the paralysis reaching its height very soon after the seizure.

Fourth. The gradual regression, which is essentially the diagnostic sign of the disease.

Fifth. The continuance of unimpaired sensation, and, in the early stages, the absence of all rigidity, or contraction in the affected limb; added to this, the occasional existence of a degree of that hyperæsthesia in the early stage, more frequently observed in the adult than in the infant, because this stage is more fleeting in the latter.

Sixth. The enfeeblement in the first instance, and gradually, the loss of contractility to the faradic stimulus in the affected muscles, and in those definitely paralyzed, the loss of contractility to the galvanic current. The return of the power of response to the former in the muscles from which the affection recedes.

I regret that I did not pay more attention to the scope of the galvanic action in the case I treated, but the disease puzzled me, and I confess to losing sight of many details that I wish now had been attentively noticed. I can assert, however, that the gradual return of susceptibility to the galvanic current was well marked.

Seventh. The deformities which result from the partial abolition of movement in the limbs affected, and from the retarded growth and impaired nutrition, which are the results of the nervous lesion to which the permanent paralysis is due.

Lastly. The peculiar spinal lesion, atrophy of the great motor ganglion cells of the anterior cornua of the spinal cord, on the side, and at the level of the origin of the nerves which supply the affected limb.

These points, I am happy to state, were not observable in my case. I am sure that homoeopathy must take the credit of arresting the disease before muscular tonicity was entirely lost, and consequent impairment of nutrition, with atrophy, following, as a matter of course, obtained.

The only disease that regressive paralysis can be mistaken for is, progressive muscular atrophy; but a careful examination of the two will suffice to prove their dissimilarity. One recedes, the other progresses, and it is only on first seeing the case that we could be deceived, as the history of the attack would set doubt at rest. This may also be said of cerebral paralysis, and spinal congestion. The disease is seldom fatal, and the decision as to the probability of recovery, either complete or partial, is the only point to be decided. The author places great reliance upon electricity, and encourages perseverance in its steady and patient application. I believe with him that the direct stimulation of the affected muscles is invaluable, as will be seen. I followed his advice in my case after the regression had taken place, but I cannot believe that the cure was accomplished by the remedies exhibited, as the electric treatment was only resorted to for its tonic power and after the paralysis was greatly improved. Looking at the cures in Dr. Barlow's cases, I cannot but observe that the improvement was prompt and marked after the regression had obtained, and before the electricity was resorted to. I regret that the limits of this paper will not admit of a review of Dr. Barlow's chapter on the considerations of the condition of the nervous centres in regressive paralysis. It is, like the rest of the monograph, exhaustive and complete. I will also only touch upon this method of treatment. His reliance is placed mainly upon electricity, combined with frictions, passive movements and other measures, which will tend to the preservation of natural heat in the limbs affected and produce tonicity in the paralyzed muscles, attending meanwhile to the general health of the patient. *Phosphorus* and *Strychnia*—the latter hypodermically—are recommended, but he has not found the use of the hypodermic injection of *Strychnia* useful in his experience. Of the 63 cases treated by Dr. Barlow the results were unknown in 26; 37 cases showed improvement, slight in some, more marked in others; 2 are reported as probably cured, and only 8 where the cure was pronounced perfect. The above conclusively shows that the disease in question is most serious and lasting in its effects. Having thus presented to your notice a resumé of this very able monograph, I will now present for your consideration a report of my own case, which it will be observed was a typical one and of unusual interest.

J. G., aged 3½ years, after becoming overheated and suddenly chilled was attacked with high fever, pain in back and head, and in short with all symptoms consequent upon a check of perspiration. His parents, who are homoeopaths, administered *Aconite* and *Belladonna*, which relieved the fever and the active symptoms. A day later the mother noticed that the child would not stand. On placing him in an upright position his legs seemed powerless, and they, not understanding what it meant, and being naturally alarmed, brought the child to me for examination. He presented the following appearance. Well nourished and seemingly a healthy child; had never been ill previous to the attack; had been remarkably free from infantile troubles; had had none of the eruptive fevers. Placed upon his feet he staggers, is unable to stand, presenting the appearance of a patient laboring under locomotor ataxia. Both lower limbs are flaccid, sensibility remains, but power is lost. Under treatment he gradually improved, and after ten days he could stand, but the left leg remained paralyzed

below the knee. He stumbles when he walks and the foot drags. The limb is cold and the anterior muscles of the leg respond but feebly to the action of the electric current. Slight difficulty with the bladder has been noticed. The case is still, Dec. 31st, under observation, and at present he has little or no lameness, sensibility and temperature perfect in the limb, no atrophy, no deformity. The slightest possible tendency to stumble after playing hard, or overexerting himself, is all that remains; with this exception he is strong and well, and as the weakness spoken of is gradually diminishing, I have every reason to believe that the disease is arrested, that the lameness will entirely disappear, and if no untoward accident prevent, the child will be in a few months as perfectly sound in his locomotory apparatus, as he is now in general health. The remedies used were *Bryonia rhus*, *Cimicifuga*, *Cantharis*, *Gelseminum* and *Calceola carb.* in the third decimal dilution or trituration, with direct stimulation to the muscles affected, viz., the anterior and external group by the electric current applied twice a week by means of a wire brush electrode. If we study the pathogenesis of the remedies named above, we will find many indications that will meet the above mentioned symptoms. I need not enlarge upon *Bryonia* and *Rhus tox.*, as their adaptability to affections of the muscular system are well known. In the first stage of the treatment, I am confident they did good service. I had no great result from *Cimicifuga*. Probably the indications for its use were mistaken by me. *Cantharis* was only given for the difficulty with the bladder, which called for its use and which it promptly relieved. *Gelseminum* I regard as the remedy which acted most favorably. Look at this symptom of this valuable drug. The paralysis caused by *Gelseminum* is first manifest in the lower limbs which become weak and then powerless, but with no loss of sensation, at least, not until the near approach of death. (Hale, New Remedies, p. 455) *Calceola carb.*—a remedy which I consider one of the greatest in the treatment of malnutrition, particularly in children. I believed it aided immensely by its power of arresting atrophy and developing healthy action in the system. Space will not allow me more extensive remarks upon the treatment. I trust it will be seen from the result of the case, and from a comparison with those presented by the author of the valuable essay I have reviewed in your hearing that this case is a further proof of the value of our science of therapeutics, in that a disease so severe and so lasting in its effects can be met and conquered.

[NOTE.—March 1st, 1881.—Child perfectly well; no lameness, no sign of the disease remains. Has had measles during the past year, with no return of the paralysis.]

PATHOLOGICAL ANATOMY OF THE HUNTERIAN INDURATION OR INITIAL SYPHILITIC SCLEROSIS.

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PART II.

THE SECOND STAGE, OR THAT OF INDURATION.

The next stage, that of induration, is the one which the general practitioner will be most frequently called upon to treat, and therefore it is of the most importance clinically. With the first appearance of sclerosis a very peculiar state of affairs exists, which can only be explained by accepting and applying the theory which has been so beautifully developed by Auspitz and Unna. In the first portion of this stage we have the tumor in two well-defined strata, and two well-defined parchment-like folia can be distinguished by the sense of touch. Examined under the microscope, we find that the zones embraced by the sclerotic tissue have become markedly poorer in granulation cells, and a new strongly-refractile

tissue has taken their place. With a power of 900 diameters (Hartnack 8. Oc. IV, tube out) this tissue presents all the characteristics of fibrous tissues in general, though the chemical reactions are somewhat different. One is strongly reminded of the tarsus of the eye-lid, and there may be something more than a mere similarity between the two tissues. After a short time—two to four days—the two layers become fused into one, and then we first have the well-marked, sharply-defined Hunterian chancre.

Carrying a perpendicular section through the centre of the tumor, the following picture is presented to our view: The epithelium of the cutis remains, as was described in speaking of the first stage, with the exception that the prolongations between the papillae have become more compressed by the sclerotic tissue. They remain, however, hypertrophied in the situations indicated. But towards the seat of the primary ulceration the new tissue simply forms a layer under the papillaless epidermis. A peculiarity first observed by Auspitz and afterwards verified by personal observation in many cases, is, that the strata, instead of running parallel to the surface, tend to converge towards a common point—the seat of the ulceration. In the derma and subderma the connective tissue proper is reduced to a minimum, and is compressed all out of shape by the new tissue. The walls of the blood-vessels have become enormously thickened at the expense of the lumina and of the surrounding parts. In places we find the lumen entirely occluded, and in the older portions of the tumor the intima, muscularis, and adventitia no longer infiltrated by the granulation cells, but by sclerotic tissue, and it is sometimes impossible to discover the smooth muscular fibers. The hypertrophy and hyperplasia of the endothelial cells still continue. Whether it be from the granulation cells or not that the new tissue is formed is a matter of doubt. The only thing that can be positively stated is that the round cells disappear more and more as we approach the sclerotic portion.

The lymph vessels and spaces are *enlarged* and *empty*. Their walls (where they exist) have become thickened, and the only way to distinguish them from veins is by their peculiar sacculated structure. The fact of their being uniformly empty should have some weight in overthrowing the old theory that the syphilitic virus is carried into the general system through the agency of the lymphatics. Still our purpose is neither to invent nor to discuss theories. When the chancre is situated on the external surface of the prepuce, both varieties of glands, the sebaceous and the sudoriferous, are of course affected, and in the same manner. The sweat gland is simply a tubule, convoluted at its lower extremity, and covered everywhere by its glass membrane. This membrane is formless and serves as the attachment for the glandular epithelium. Outside of this comes the scaffolding of connective tissue, or the *membrana propria*. The whole gland is encapsulated by connective tissue, which sends the septa to the interior. In the general condition of infiltration the gland does not escape, nor in the following sclerosis. The round-cells permeate the capsule and become diffused throughout the cells of the septa. The result is two-fold. First, the connective tissue cells are wedged apart, as it were, and the whole gland becomes hypertrophied. Sometimes it is three and even four times the normal volume for this situation. But in the second place, the real glandular structure is atrophied, the cells themselves being smaller than normal, by the lateral pressure exerted by the infiltrating mass. When the stage of sclerosis is well developed, we are sometimes unable to find but traces of the former gland. But these cells do not pass through the glass membrane into the lumen of the tubule. The sebaceous glands are also furnished with a similar glass membrane, and the same condition of cellular atrophy exists here, though the gland, taken as a whole, may be hypertrophic. We find no round-cells intermingled with the detritus filling their cavities. In these parts it seems

as if the syphilitic infiltration was confined to the connective tissue, as here the smooth muscle fibers are unaltered. But from this we must not conclude that muscular tissue in general is exempt, for we have already noted the changes in the walls of the blood-vessels. The glands become totally destroyed, but it is merely from pressure. If the gland in question, supposing we are examining the chancre in its third stage, appears normal, it is only that the cells have regained their size and function after the removal of the mechanical obstruction, and not that they have remained unaltered during the whole stage—but more of this further on. The nerves in the deep layer of the derma and in the deep subdermal tissues are arranged in bundles and are medullated, so it is very easy to distinguish them from the surrounding structures. We find that they in no wise escape the infiltration, though we have been unable to find a single round-cell within the sheath of Schwann.

But the connective tissue of the *membrana propria* and septa is thickly studded with these cells. The general effect is the same as on glands, and will therefore require no special description. There remains but one fact to be explained, and we are unable to satisfactorily do so. There is tremendous pressure on the nerve trunks as well as on their peripheral terminations, and still the tumor does not occasion the slightest degree of pain in the second stage, where the tissues are the most compressed and hardened, and scarcely any in the first stage. Other tumors of hard consistence or pressing against bone or cartilage, are always more or less painful, and the old definition of inflammation tells us of the condition there presented. Yet here we have much the same state of things and no pain! When the sclerosis is well advanced, the separate nerve fibers are reduced to a minimum. The condition of their peripheral terminations has not been noted.

After reading thus far, the question will very naturally arise, why does a well-developed chancre appear to the touch to be sharply defined? This is very easily answered, and does not at all conflict with the statement made above, that the infiltration and sclerotization of the blood-vessels extend some distance beyond the boundaries of the tumor proper. The vessels are, in the first place, small, and it would require a delicacy of touch possessed by very few to discover them; and in the second place, after emerging from the tumor proper, they are surrounded by a tissue which yields easily to pressure, and in that respect resembles a liquid. If a minute body be dropped into water, one may search a long time for it with the finger and not find it. The resistance to its motion is not sufficient to make itself apparent to the sense of touch. So it is here. The vessels are surrounded by loose areolar tissue, which gives way in every direction. But now let there be a hard substance applied to one side and the finger to the other of the tumor's margin, and the larger ones can be felt very distinctly, giving the sensation of threads under the finger.

So the second stage is one of sclerotization, in which all the tissues of the skin and underlying structures take part, with the exception of the upper layer of the epidermis. The middle and lower layers are infiltrated by the new tissue to a slight degree. The Malpighian layer is nearly normal in this general change, and it is therefore the middle layer which suffers the most. The papillae sometimes coalesce at the apices, cutting off the epithelial covering into balls or strings, and thus we have a condition very similar to that presented by epithelial carcinoma of the skin, to be spoken of under the Differential Diagnoses.

Concerning the Third Stage, or that of Absorption, but little is known, as it is of very little clinical importance. It is the stage of slow, retrogressive changes, and gradually the tumor disappears, leaving nothing but its cicatrix and pigmented spot. After a number of years these also are removed, and we have then merely a depigmented surface, with nothing characteristic to tell us of the former chancre.

The processes of degeneration and absorption are exceedingly slow, and are precisely similar to those presented after any inflammation, and therefore require no special description.

DIFFERENTIAL DIAGNOSES.

There are a few conditions with which one could easily confound the Initial Sclerosis, if only the prepared section were presented for examination, and among these are the Soft or Venereal Chancre, Epithelioma, Lupus, the Gummata, Inflammations, and Phlebitis or Arteritis. It is true that no single element has yet been discovered by which one can recognize the syphilitic virus any more than has been for the carcinomata. There is probably no syphilitic-cell, as also there is no cancer-cell. One must take all the conditions into account, and upon the whole form the diagnosis. The Soft Chancre is the most likely to be mistaken for the Indurated one, because of the many points of similarity. In the first stage they cannot be differentiated, and it is only when this is passed that we find our "landmarks." In both the infiltration first appears in the adventitia of the blood-vessels, and rapidly spreads through the whole cutis of the part.

SOFT CHANCRE.	INDURATED CHANCRE.
Hypertrophy of the connective tissue with only slight traces of sclerosis. The bundles are simply pressed apart by the infiltrating mass.	Hypertrophy of connective tissue with well marked sclerosis. The new tissue is in excess, arranged in cords or strings, and is stiff.
The epidermis is slightly hypertrophic, and also the papillae near the ulcer.	Epidermis hypertrophic; also papillae. When sclerotic, papillae take odd shapes; become gigantic also near the margins of the tumor by growth downwards of the epithelial covering. Portions of this epithelial layer can be cut off by the sclerotic tissue. (See Epithelioma.)
Is an ulcer in all its appearances.	Is no ulcer, as it has a thick epidermis over the point of primary ulceration, which epidermis has all the characteristics of stratified epithelium; i. e., top layer flat, lower layer cubical or cylindrical.
The epithelium in the immediate vicinity of the ulcer is never infiltrated with granulation cells.	The epithelial layer often contains masses of granulation cells in the region of the stratum lucidum in layer above.
The surface of the ulcer is covered with cells undergoing degeneration, which forms a yellow zone.	The surface covered by epithelium in perfect strata.

Most of the above points of difference are developed before one can make a clinical diagnosis—that is, before the sclerosis is well marked, and these conditions are so well marked and regular that there is hardly a chance to err. The growth taking place in the epithelium, as also in the connective tissue, deserves special consideration, as it often resembles that in epithelioma and lupus.

In both the epithelioma and sometimes hard chancre we have groups of epithelium scattered throughout the cutis proper, but in the latter it is wholly the effect of pressure which is exerted on the prolongations of epithelium between the papillae by the granulation cells and hypertrophic or sclerotic connective tissue. In these collections of epithelial cells we find the granulation cells. In the alveolae of the epithelioma we find nothing but epithelial cells. In the latter we have the "perlen" of the German authors, which are nothing more than epithelial cells arranged concentrically in layers like an onion. This is never seen in the initial sclerosis. This is due to pressure exerted mostly from within by the constant proliferation of the cells, which does not take place to any great degree after the first hypertrophy at the beginning of the process in the chancre. In lupus the same masses of epithelium are occasionally seen, and according to Auspitz and Unna it is a mixture of lupus and epithelioma. Still the points of diagnosis are so marked as to leave but little doubt as to the character of the tumor with which we have to deal.

SUMMARY.

In the first stage in the Hunterian or Hard Chancre we have:—

- A primitive point of ulceration, afterwards covered with epithelium.
- An infiltration of the adventitia of the blood-vessels and extending into the surrounding tissues.
- A proliferation of endothelial cells within the blood-vessels.
- A hypertrophy of the papillae's epithelial covering.
- All the tissues of the skin infiltrated with granulation cells.
- The lymph spaces and channels slightly hypertrophic and empty—otherwise normal.

In the second stage we have:—

- A well marked sclerosis in all the tissues of the skin and adjacent parts, proceeding from the blood-vessels, many of the latter becoming occluded.
- The granulation cells gradually disappearing as the sclerosis becomes more marked, till at last they are not to be seen. Whether they are absorbed or developed into sclerotic tissue still unknown.
- All the connective tissue of the glands becomes sclerotic and the epithelial elements disappear.
- All the connective tissue around the medullated nerve bundles first infiltrated and then sclerotic. The separate nerve fibers slightly atrophic, due to a decrease of medullary substance between the axis cylinder and sheath of Schwann. This change may be due to the pressure exerted by the sclerotic tissue.
- The papillae become hypertrophic, especially near the margin of the primitive ulceration, while their epithelial covering remains as in the first stage near the margin of the tumor.
- The walls of the blood-vessels are sclerotic for some distance beyond the sharply defined margins of the chancre.

Lymph vessels as in first stage.
The sclerotic tissue arranges itself in layers which tend to a common point, i. e., the seat of the ulceration.
The epithelial layer infiltrated slightly with sclerotic connective tissue.
Portions of the epithelium are cut off by the sclerotic tissue.

In the third stage no examinations were made, and therefore we will close our article with a quotation from Auspitz and Unna, as it gives us in a few words some very important facts: "The form of the sclerosis is dependent on the pre-existing distribution of the blood-vessels in the skin; its size is dependent upon the extent of the hypertrophy of the fibrillary connective tissue in which the sclerotic vessels are imbedded, and the firmness and hardness of the node are proportional to the strength of the hypertrophy of all the elements of the skin and also to the pressure."

PARIS, Feb. 4, 1881.

AN ENORMOUS BATTERY.—An immense galvanic battery has been constructed for use in the lectures at the Royal Institution, London. It consists of 14,400 cells of chloride of silver and zinc elements. Each cell is composed of a glass tube, about the size of a large test-tube, stoppered with a paraffin-wax stopper, through which the zinc rod and chloride of silver are inserted, a small hole being left to pour in the solution, which consists of a weak solution of chloride of ammonium (sal-ammoniac), the hole being fitted with a small paraffin stopper to make it air-tight. The tubes are mounted in trays, each containing 120 cells; eighteen trays are fitted in each cabinet. The battery, which is in the basement of the building, was begun in June, 1879, and finished in August, 1880. The charging of the battery occupied three persons a fortnight. A lightning flash a mile long could be produced by 243 such batteries, and yet Faraday has proved that the necessary amounts of electricity to produce a powerful flash of lightning would result from the decomposition of a single grain of water.

DRUG SPIRIT.

DR. LAWTON'S ANSWER REVIEWED.

By J. P. DAKE, M.D., NASHVILLE, TENN.

In speaking or writing, one may say something not entirely clear to others, or that antagonizes the cherished views of some who listen or read. When such is the case, criticism is in order, and will be profitable so long as performed in the interest of truth and in respectful terms.

A few days ago I received from my friend, Dr. C. H. Lawton, of Delaware, a small pamphlet, a reprint of an article written by him in answer to a question propounded by me at Milwaukee.

While I do not, as a rule, propose to notice every adverse criticism upon my sayings, especially where my sayings have been plain and I see no occasion to qualify or farther explain them, I am pleased briefly to review the answer of Dr. Lawton, in order to make more prominent a point which, before the American Institute, I could only refer to by a simple interrogatory.

I respond the more cheerfully because I recognize in my critic an honest seeker after truth, who does not strive to further his own views by misrepresenting those of others, nor to magnify his own devotion to homeopathy by minifying that of another.

At Milwaukee last June, in my report from the Bureau of Materia Medica, I made use of the following language: "The force of a drug, its spirit, if you please, is no more recognizable and useful out of its own body than is the spirit of a man, out of its body, among men. If it were possible for it to be transferred, by trituration or succussion, to sugar of milk or alcohol, what would be the gain? Why labor so long to free the medicinal spirit from one body to have it 'clothed upon' by another body?"

"To those who recognize a dynamic medicinal spirit in the most inert substances, including sugar of milk, the question is pertinent: When the drug spirit has taken possession of the sugar of milk, where is the dwelling place of the disembodied spirit of the sugar of milk?"

I did not then, nor do I now, feel the necessity of showing what seems well known, namely, that nearly all advocates of the extremely high potencies believe—

1. In the liberation of the dynamic medicinal property, the spirit of the drug, from the drug matter; and
2. In the transfer of that spirit to particles of neutral matter, especially to sugar of milk, in the process of trituration.

Nor did I address my question to any except those who believe in the dynamic, medicinal character of sugar of milk and other inert substances. That there are such believers has been shown by veritable efforts to "prove" the sugar of milk and give it a place in *Materia Medica* as a drug.

To such my question was surely pertinent, as I asked, "*When the drug spirit has taken possession of the sugar of milk, where is the dwelling place of the disembodied spirit of the sugar of milk?*"

My friend, Dr. Lawton, contends that the process of trituration "develops and liberates the active principle of a material substance in the vegetable and mineral kingdoms," and yet denies that it "liberates the active principle" of sugar of milk!

He maintains that the drug substance (say *Charcoal*) is "decomposed" and its active principle, its spirit, liberated by the very process which simply "disintegrates" the sugar of milk employed. After describing the work of trituration, he says: "But what of the sugar of milk? Has there been any decomposition of it, absolutely? No; only disintegration."

And, further on, he says: "The second body—be it sugar of milk or alcohol—is simply the vehicle used, not only to liberate this force, but to hold and carry it."

"Being bound to it—the second body—by no inherent law, it is set free as soon as brought into the presence of a substance for which it has an affinity. The true similar is that substance."

Dr. Lawton thus assumes, but entirely neglects to prove, that, when two substances, say *Charcoal*, *Lycopodium*, or *Silicea*, and sugar of milk are put together and triturated, over and over again, the former is "decomposed," while the latter is simply "disintegrated;" that the "very life and soul" of the former is liberated, while that of the latter is unaffected; and, finally, that the latter continues to be, from first to last, "simply the vehicle" of the "life and soul" of the former!

Surely natural philosophy, nor chemistry, nor any other department of human knowledge can furnish an explanation or a parallel for such behavior on the part of the substances in question.

If Dr. Lawton means to say that there is no "life and soul" in alcohol, no "active principle," I will make no argument on the subject here. If he means to say there is none in sugar of milk, I must simply refer him to Dr. Swan and others, who say that there is.

If he believes that the latter substance is totally inert, my question propounded at Milwaukee is not addressed to him.

But in view of the strange philosophy advanced by the Doctor, I must ask him how it is that the "life and soul" of *Charcoal*, *Lycopodium*, or *Silicea* can be kept in sugar of milk, "being bound to it by no inherent law?"

Surely there can be no mechanical union of a bodiless "soul" and a soulless body. Such a relation is not even thinkable.

Drug molecules and drug particles, possessed of drug power, may be held by suspension in a comparatively inert liquid, or by mixture in a comparatively inert dry substance, but in no other way.

Chemistry speaks of atomic union for the production of a new substance; but in all the range of chemistry we nowhere find that a substance reduced to free molecules, and then decomposed by the division of the molecules into their constituent atoms, is yet recognizable and effective as the *original substance*. An atom of chlorine and an atom of sodium may unite and give us salt, but no chemist would have the temerity to claim that the properties of the salt are the same as the properties of either chlorine or sodium, or of both together, existing in a free state.

Nor would he claim that the effects of an atom of chlorine and an atom of sodium, existing, were it possible, by suspension in some matter for which they possess no chemical affinity, are identical with, or equal to, the effects of a molecule of salt.

If chemical identity or power is lost by decomposition, so is medicinal.

The behavior of drug particles and molecules, or the changes which come over them in the human body, during the impartation of their influence, I will not speculate upon. They may, or may not, be resolved into their constituent atoms or elements.

I certainly am not prepared to admit that they are always and necessarily "decomposed," in the sense expressed by Dr. Lawton. But if they are, I can see no reason for an abortive attempt to effect such "decomposition" by the mortar and pestle and the succussion bottle of the pharmacist.

In conclusion I would say that, so far as I am able to learn from the pamphlet before me, my question, propounded at Milwaukee, is yet pertinent and unanswered.

In his endeavor to answer me Dr. Lawton has made several statements quite at variance with my understanding of chemistry as well as medicine, which I must here pass unnoticed. I am willing to submit them to the professional judgment without argument.

DOVER'S POWDERS consist of one grain of *Opium*, one of *Ipecac*, and eight of *Sulphate of Potassium*. This formula has recently been changed by substituting *Bromide of Potassium* for the *Sulphate of Potassa*.

MEDICAL LEGISLATION.

By E. N. E., OF BALTIMORE, MD.

"But suppose there are two mobs?" suggested Mr. Snodgrass.
 "Shout with the largest," replied Mr. Pickwick.

—Dickens.

On Dec. 15, 1880, an article with the above caption, by Dr. H. G. Campbell, appeared in the *United States Medical Investigator*.

The article proved to be a defence of a certain class of practitioners commonly known as quacks, and recalled to my mind some reminiscences of a not very distant past, a recital of which may possibly be of interest to some of the readers of the *TIMES* who live under State governments not blessed with legal protection against the piratical warfare of our medical vikings.

In a certain State of our Federal Union is a certain city, in which is annually held a meeting of a body of homœopathic physicians who constitute a State society. A certain member of this society, upon a certain occasion, cherished an idea that the passage of a law for the protection of the medical profession and the laity against medical pretension and quackery in the State might possibly be a blessing to both the above-mentioned classes of society. But here this foolish man reckoned without his host, for when he asked the co-operation and support of the State society, to his disgust the "wise men" of that august body declined to have anything to do with the matter, and—very naturally for their own protection against the much dreaded anger of allopathy—cautioned this unruly member not to bring the good name of the society into disrepute by using it to further his ends in the passage of the law, which he obstinately declared his intention to petition the legislature of the State to enact. But unfortunately the influence of this one man was not strong enough to resist the massed forces of both allopathy and homœopathy.

Allopathy had openly declared war against this scheme—which, strange to say, had two years before been a pet of its own—and homœopathy had declared against it, first, by openly refusing to have anything to do with it, and second, secretly, in the following subtle manner:—Finding that this hotspur was actually carrying out his threat, and was making preparations to visit the seat of legislation personally, two of the "wise men," a majority of the legislative committee of the State society, in direct opposition to the wishes of its chairman, made this admirable diplomatic maneuver, this *coup d'état* which killed the aspirations of our friend "the fool," viz.: these "wise men" held a clandestine meeting—of which the members of the State society are even now ignorant—and sent a letter to the chairman of the committee of the legislature, before which our "fool" had laid his plan, signed in the name of the State society as "the majority of the legislative committee," and stating that the action of their intractable member was not authorized by the State society—a fact which he had never denied.

This gratuitous insult should have had no weight with the dignified body chosen from the "mature men" of the State—so thought our fool—but it did. The proposed law did not stand upon its own merits.

And so it came to pass that after a weary single-handed fight of some weeks, this enthusiast was compelled to retire, acknowledge himself beaten, and bind up his wounds.

Thus ended, for a time at least, the fight between justice and injustice, and justice was whipped.

I know to a certainty that in this particular State there never has been a time when homœopathy could more easily have asserted its legal equality with allopathy. If our fraternity as a unit had entered the lists, the fight would have been a short, decisive, sectarian battle, and the right would have won; another State would have stood in our Union untrammelled by mountebanks, and when a sick man sent hurriedly for a doctor, he would not be killed by a meddling pretender; when he asked

for bread he would not receive a stone. And lastly, allopathy would not then have dared point the finger of scorn at homœopathy when she anathematized quacks.

The above reminiscences have been recited because they are facts—possibly of interest to some who may sympathize with misdirected zeal for a glorious cause—facts that may become part of the history of homœopathy in a sister State, and because the sentiments uttered by Dr. H. G. Campbell are so similar to those of the "wise men" of whom we have spoken that they come to me as a weak echo from the past.

Dr. Campbell assumes the rôle of champion of the very large class of physicians of which he is a representative. This class sees but one side of the question, and becomes enthusiastic over the fancied wrongs threatening individual rights. Let us look fairly at the question and probe it to the bottom. It is a question upon which we should all have a decided opinion, just as it is our duty to have an opinion about all questions that seriously affect the commonwealth; just as it is our duty to fairly investigate and honestly accept or reject the law of similars. Interference with individual freedom of action is the only argument the advocates of no legislation can offer.

They would prevent all legal personal restraint. True enough, to the individual this is freedom, but to the public it is worse than slavery.

It insures individual medical libertinism, while it imposes upon the public a dangerous element, which converts the noble profession of the art of healing into a trade, a mere catch-penny for unprincipled adventurers, and destroys that great bulwark of American independence—confidence in our institutions. A law that protects the individual to the detriment of the public is a bad law; a law that protects the public to the detriment of the individual is a good law, even though the individual suffer the extreme penalty of human law, death. Furthermore, it is our duty to enact the latter class of laws. Dr. Campbell is typical of a class of men who do not appreciate this fact. Unfortunately he also represents the majority, and while this majority exists the laity will remain unprotected. Dr. Campbell may say, "O, the people can take care of themselves; they know whom they are employing. If they consult a quack, they deserve to be swindled."

These certainly are not sentiments worthy a loyal American. Let the people alone; do nothing to protect them; let individual experience teach a bitter lesson that judicious legislation would have rendered unnecessary; for be it known that the people do not know who are quacks, in many instances.

I know of men in my community who have no more right or qualifications to practice medicine than Dr. Campbell's blacksmith. One is a cobbler, another has bought a sheepskin of some bogus diploma factory, and a third is an ex-penitentiary convict. These men are simply representative quacks, and their prototypes may be found in every city of any importance, with few exceptions, and frequently outside of cities.

Why, sirs, I have known a quack—in medicine an ignoramus—to look a graduate of two of the best medical colleges in the land squarely in the face, and tell him, in substance, that the right to practice medicine was *equally* theirs, and the physician could do naught but hang his head—in pity and contempt for the laws of his State—and acknowledge the fact.

The man who has spent years of hard brain-work, spent his money and earned the *right* to the noblest title ever created, comes home to find he is privileged to occupy a legal equality with his hostler, providing the latter fancies to buy a book and box, and have the degree of Dr. conferred upon him by the sign painter. I know of a quack who gives six medicines in alternation, successively, and when a dose of each has been taken, the same farce is re-enacted. To some people this man is a representative of homœopathy. This is the class Dr. Campbell protects.

He has forgotten the Illinois State law recently enacted (and all honor be to the legislative body that legalized it). Where are the hundreds of quacks who were driven from the State? Who will suffer from them now? The neighboring States. And is there no law in these States to prevent these imposters from robbing the pockets, injuring the health, and destroying the confidence of the gullible public? According to Dr. Campbell no law is needed; the public may suffer *ad infinitum*, but "our best leaders," the "wise men," are safe; they have outridden the storm and are coming into their financial port; "what matters?"—they "shall ride and sleep."

Dr. Campbell says: "It takes brains and study to make physicians, *not legislation*; fair field and no favors." So say the graduates, so say the quacks, "so say we all of us;" but *our* interpretation and the *quacks'* interpretation is widely different.

The quack means it just as the sentence stands; *we* interpret it very differently, viz.: We maintain that to become a physician requires, first, brains; second, study; and in addition, third, proof that our brains are sufficient to absorb and comprehend what we have studied. This information is best gained by those who have watched and assisted us during our course of study; and these teachers consist of a body of educated physicians, which we call a college. When a student gives evidence of sufficient qualifications to practice medicine, a certificate to that effect is given him, signed by these men constituting the college, and he is henceforth considered to have honestly earned the title of Doctor of Medicine.

Legislation has nothing to do with the matter further than having endowed the college with the power to confer its degree. Having proved that we have brains, and that we have studied sufficiently to become physicians, we now come forth as physicians to compete with physicians, and can justly ask for a "fair field and no favors." This is *our* interpretation of Dr. Campbell's closing sentence, and we cannot understand its acceptance upon other grounds.

If objection is made that our colleges are not sufficient tests of ability, we grieve to hear it, but that does not derogate from the principle. Our colleges are, I believe, honestly striving to elevate the standard of medical education; it is therefore plainly our duty to assist in the good work to the extent of our ability, especially by recommending and sending to college only men (not boys) who are educated, and already prepared to begin the study of medicine.

I cannot understand how any true man, who is earnestly striving to do good to mankind, and who has thoughtfully studied this subject of medical legislation, can deliberately publish and uphold such views as those expressed by Dr. H. G. Campbell. If he does fully appreciate the facts bearing upon the subject, then his moral nature is sadly warped.

RESTRAINT OR NON-RESTRAINT.*

BY SELDEN H. TALCOTT, M. D.,

Med. Supt. N. Y. State Hom. Asylum for the Insane.

At this asylum (the New York State Homoeopathic Asylum for the Insane, at Middletown) as in fact at many others throughout the United States, restraint is used for three purposes:

First, to prevent the injury of others.

Secondly, to prevent suicide, and self-mutilation.

Thirdly, for purposes of treatment.

Restraint is never applied at this institution except by order of the superintendent, or one of his assistant physicians. It is always dispensed with at the earliest practicable moment. If sudden violence calls for its

use, when a physician is not in the ward, the case is at once reported to a medical officer, and its continuance depends upon his decision. It is both the duty and desire of the officers to restrict the use of restraint to the minimum. This is the end at which we aim, and the course is deviated from only for the purpose of accomplishing the highest possible curative, protective and beneficent results. The staunchest vessel, with the strongest crew and bravest captain, cannot always sail against wind and tide, in a direct course. It must occasionally tack that it may make the better and surer progress. Those are the truest reformers who calmly face the dangers and difficulties of the situation, and exercise a wise judgment and careful discrimination before they act. Guided by matured plans, drawn upon the scene of action, their efforts will not fail of good and lasting effects. The path of duty may wind around the hill, but those who follow it always face the goal of final success.

Three years ago, in my first annual report, under the head of "Restraint," I wrote: "This is a matter of vast importance to every person in charge of an asylum, since it relates more or less directly to the welfare and highest interests of the patients committed to his care. That its use should never be applied, except after careful consideration, and as a last resort in each individual case, is the conclusion of all modern humanitarians. Mechanical restraint, in this asylum, has been reduced as far as considered practicable and safe; but it has not yet been entirely done away with."

The plan marked out some years ago, is still steadily adhered to. That it is successful the record, as found in our statistical tables, abundantly attests.

In the English asylums, mutilations of the body are not uncommon among the patients. As they cannot be restrained such accidents can scarcely be prevented. As we have already stated we here use restraint to prevent mutilations. By proper appliances we have been enabled to prevent all serious accidents of this kind. We present two or three cases that we have treated in which we think restraint was effective in saving life.

Mrs. — for a long time persisted in hunting for needles, pins, and other sharp objects, and when found would bury them in the flesh of her arms and legs, and other portions of her body. Severe and dangerous inflammation followed, but she was even then not deterred from these strange attempts at self-injury. Her hands were restrained, for a few days, with light canvas sleeves, until the passion for such acts passed away, when she was released; and in a short time she went home fully recovered. Such a patient must either be kept in a close room, and deprived of all the enjoyments of association with others, or be permitted to mutilate herself, and endanger her life; or be restrained. We preferred the latter course, keeping the sick one in a light, cheerful, carpeted room, surrounded by good-natured companions.

Another patient of ours persisted in thrusting his thumbs into his eye sockets for the purpose of pulling out his eyes, because "the Lord had commanded him to do so." He injured his eyes severely, but was soon discovered and his hands placed in restraint until he received no further orders from the Lord to thus mutilate himself. He is now one of the most quiet and happy of patients; and has a pair of sound eyes in his head. This patient's attempts at mutilation were continued for some weeks, night and day. He was removed from restraint each day and carefully exercised. Does any one think that a padded room would be a protection or proper treatment for such a case?

Still another patient persisted for a long time in attempts at suicide. Her efforts were simply marvellous in their varied ingenuity. It would be impossible to describe her transcendent energy in this direction. Her hands were restrained, while necessary, and her life saved. She was repeatedly set at liberty and watched over with the tenderest care by a faithful and devoted

* Extract from a paper read before the State Homoeopathic Medical Society.

nurse, but at times nothing would avail save restraint; for in unhallowed cunning the patient could baffle the elect. Finally her desire to destroy herself became modified, and she now spends much of her time in quietly sewing.

Such are a few of the cases with which we have to deal. We do not plead for the use of restraint because it is a pleasant or agreeable method, but because it is, to our mind, sometimes, an unimpeachable necessity. Its use requires careful discrimination and close scrutiny. That it may be carried to extremes is true, as the history of the past too sadly evidences. But in this connection the question also comes: "May not the system of non-restraint pass the bounds of discretion, and, in some instances, become chargeable with the sin of undue neglect?" A righteous decision of all mooted questions is the highest aim of the age in which we live.

Concerning the fact that kindness, ever gentle, ever discreet, ever firm, is, and should be, at all times exercised toward the insane, we can only say that we believe it is now universally considered as an axiom of our times—changeless, indisputable, uncontradicted. Whether restraint is used or not used, kindness, with its mystic wand, should rule with resistless power in every asylum for the insane.

ACUTE DELIRIOUS MANIA.*

By C. SPENCER KINNEY, M.D.,

Assistant Physician, State Hom. Insane Asylum,
Middletown, N. Y.

Acute delirious mania is an intensified form of acute mania, accompanied by delirium, and terminating ordinarily in exhaustion and death.

Diagnosis of disease is not easy, from its similarity to typho mania and acute mania, but we have the characteristic temperature of former cases to aid in diagnosing; and we find the excitement of acute mania exaggerated to violence and complete incoherency, with only brief intervals of quiet, in acute delirious mania.

Inception of disease, like many cases of simple mania, may be sudden, but outbursts of maniacal fury are more severe, and uncontrollable by any appeal to the understanding.

Prognosis generally unfavorable, while the opposite may be considered the rule in mania.

A noteworthy feature is the remissions occurring in periods of excitement. The lucid interval may be short and only partial.

The disease has been divided into two stages:—*first*, that of excitement; *second*, of collapse.

During first period face of patient has peculiar expression, a mixture of incredulity and maliciousness. The eyes are bright and active, rolling and turning from natural direction.

Grinding of teeth for hours during attack, although there is no apparent pain.

Lips and teeth covered with sordes. Frequently spit a great deal, the spittle having a tenacious character.

Tongue generally coated brown, and is dry and cracked, but may be bright red.

Peculiarity often noticed is strong aversion to liquids, especially water. Food, in most instances, must be forcibly administered.

Skin is dry and hot, imparting a burning sensation to the touch.

Some portion of body is kept in continual motion. In one case coming under my observation the hands were kept moving in circles, alternately over head and chest. Hallucinations of sight commonly present.

The patient may be noisy and demonstrative or quiet and muttering, or he may maintain an obstinate silence.

The sleep obtained practically amounts to nothing.

*Synopsis of paper read before the N. Y. State Hom. Medical Society.

If the patient begin to sleep after a week or ten days it may be considered a favorable symptom.

Temperature is high.

The stage of collapse may be brief, or may continue for several days, according to the strength of patient.

Two cases given illustrate the course of the disease. At the expiration of two months the first recovered sufficiently to be taken home.

The cause of attack in the second case, that of a farmer, was overwork and sunstroke.

To those who know but little regarding the methods often used in getting a patient to an asylum, the course pursued in this instance may be of interest. Whatever may be said of abuses carried on within the walls of asylums, the inhuman efforts of relatives and friends too frequently surpass the supposed inquisitorial cruelties of the asylum attendant.

The day on which this patient came was exceedingly warm. On leaving home he had been excited, and had so frightened the three strong men who accompanied him that they placed him in the bottom of an express wagon, and retained him in that position by sitting on him most of the distance of forty miles over a rough country road.

An exhausted man, covered with bruises and abrasions, for whom no medical skill could avail, was presented to us for treatment. Died three days after. The *post mortem* revealed nothing to indicate the severity of attack, aside from general appearance of dryness of all the organs and viscera. An ounce of serum and blood escaped on opening skull. Membranes were not adherent, but gray matter of brain was of more reddish tinge than normal.

In the treatment of acute delirious mania, utmost care should be observed that the patient in fits of violence injure neither himself nor others. For this reason the skilled care found in an asylum is most to be desired; for the patient then has constant attention, and, with baths, regular diet, and medicine, the chances of recovery are greatly increased.

Pathological condition of the disease is probably meningitis and limited or general arteritis.

Remedies used are Acon., Bapt., Bell., Gels., Rhus tox., and Ver. v.

CLINIQUE.

CLINICAL CASES.

By HENRY C. BLAUVELT, M. D.

BICEPHALI TETRABRACHI.

At present there is on public exhibition in Vienna an extremely rare variety of twin formation. The "Gemelli Tocci" were born in the beginning of October, 1877, in Lacona, Province of Turin. The mother was at that time a healthy nineteen-year-old primipara. Anterior view shows two perfectly developed heads, corresponding to the age of the children. The two thoraces begin to unite at the sixth rib, and each presents two upper extremities. Although the opposing shoulders are in close proximity they are not united, consequently the heads are inclined laterally at an obtuse angle to the median line. There is but one navel, one penis and scrotum, one anus. Posterior to the scrotum is a rudimentary second male sexual organ. Only one right and one left lower extremity exists, the latter having a club foot. Posterior view presents two spinal columns, with two sacra and three buttocks, the middle evidently arising from the union of the two lateral; in addition to the anus above mentioned, there is a sort of fistulous opening. The viscera of each thorax is normal. The respiratory movements and the action of the two hearts are not synchronous. When one child swallows only the corresponding side of the abdomen moves, therefore there must be two diaphragms and two stomachs. One

intact anus furnishes for both children, but the rudimentary genital organ sometimes passes urine. To which child the bladder and anus belong is not known, as the parents will not allow an examination, but it appears that they do not properly belong to either. The right foot belongs to the right child, "Battista," and the left to the other, "Giacomo," therefore they are not able to walk. Each child exercises all the special senses individually, entertaining each other in Piedmontic Italian. They are healthy, well-nourished, and lively. Recently they have been exhibited in Italy, southern France, and Switzerland.

AIR IN THE HEART—RECOVERY.

While Professor Billroth was recently excising a lymph adenoma of the right supra clavicular glands, which extended behind the clavicle and was quite firmly adherent to the surrounding tissues, especially the large veins, he was startled by a gurgling murmur in what he at first thought was the muscular tissue; but on examination discovered bubbles of air coming out of the jugular vein, from which a longitudinal unilateral segment had been cut, notwithstanding all possible precaution. Artery forceps were immediately applied at both ends of the cut. The patient became cyanotic and cold. Auscultation of the heart revealed a peculiar knit, resembling the passage of air through fluids—a bubbling murmur. Fortunately—in fact, miraculously—after five minutes this began to diminish, and within ten minutes had entirely disappeared, with complete recovery of the patient. Professor Billroth believes that the cause of death in such cases is only from complete obstruction of the pulmonary artery by the air.

GASTROTOMY FOR CARCINOMA OF PYLORUS—RECOVERY.

Seventy years ago a young physician, Theodore Merren, delivered a dissertation in which he claimed, from his experiments on dogs, that it was possible to resect the pylorus, and unite the stomach with the duodenum; and of the three dogs so operated on, two survived. He also advanced the idea that it would be possible to perform resection of incurable carcinoma of the stomach in human beings. But at that time the relation between the recuperative powers of animals and men had not been sufficiently investigated to warrant an equal attribution, nor had the technics in operations been sufficiently advanced to guarantee an attempt on humanity. In 1879, Pean, the celebrated laparotomist of Paris, performed resection of cancer of the pylorus, to the extent of six c. m. The patient, who was much exhausted previous to the operation, died on the fourth day. Since then it has not been ventured by any surgeon.

Among the cases of carcinoma of the stomach that presented themselves to Professor Billroth during the last year, none appeared favorable for an operation until two weeks ago, when a woman forty-three years of age came to the clinic and gave the following history: Had always been pale, but formerly healthy and well-nourished. Had borne eight children. In October, 1880, became suddenly sick with attacks of vomiting, and soon developed symptoms of cancer, with stenosis of pylorus. Extreme paleness and emaciation, with small frequent pulse, occurred within the last six weeks, in consequence of the slight nutrition and frequent vomiting. The only thing she could retain was curdled milk. The cancer presented a visible tumor, which was movable in the pyloric region. Previous preparation of the patient consisted in accustoming her to pepton clysters, and washing out the stomach by injections with the stomach pump. A transverse incision eight c. m. long, was made through the thin abdominal walls, directly over the tumor. The cancer, on account of its large size, was difficult to enucleate; it was partly nodular and partly infiltrated carcinoma of pylorus, and involved more than a third of the end of the stomach. Careful separations of the adhesions between the omentum and transverse

colon, and the large and small omentum, was the next step in the operation: After this followed ligation of all the blood vessels, before cutting them; then the tumor *in situ* was removed from the abdominal cavity and placed upon the exterior of the abdomen. Now the first incision into the stomach was made, one c. m. anterior to the infiltrated portion, at first backwards, then the same through the duodenum. After trial if the edges of the cut would unite, six sutures were passed through the margin of the wound; these were not tied, but used simply to hold the edges *in situ*. Then a second incision through the stomach obliquely from above, and inwards, downwards, and outwards, always keeping one c. m. distant from the infiltrated portion. The edges of the oblique stomach wound were now united from below upwards, until the opening remained only large enough to admit the end of the duodenum. An incision was now made into the intestine, one c. m. on the distal side of the infiltrated part, and parallel to the incision in the stomach—as it were, a kind of oval amputation. Then followed accurate introduction of the extremity of the duodenum into the opening in the stomach. From an operation of gastrorrhaphy, performed by Professor Billroth in 1877, he was induced to believe that the gastric secretions dissolved the cicatricial tissue; therefore, in the present case, he united the surfaces by Lembert's suture, passing the stitches only through the peritoneum, and at some distance from the edges of the wound, so that when drawn together the coats of the stomach would be turned inward and a moderately long extent of the serous membranes would be brought into apposition; by this means the secretions of the stomach were prevented from coming into contact with the cicatricial tissues. About fifty of Czerny's carbolized silk ligatures were introduced, as catgut dissolves too soon. Then more sutures were applied to apparently weak points. The wound was then washed with a 2% solution of carbolic acid. Accurate revision of the weak spots was then made, the viscera returned to the abdominal cavity, and the external wound closed and bandaged. The entire operation, including the difficult introductory anesthetization, lasted one hour and a half. No weakness or pain followed the operation. During the first twenty-four hours only ice was allowed to melt in the mouth, then pepton clysters with wine were given. On the second day a teaspoonful of curdled milk every hour; but after a few days this became unpleasant, therefore bouillon, exclusively of curdled milk, one litre a day was substituted. The pepton and pancreas clysters produced some flatulence and colic, so were changed to injections of some wine, two or three times a day. Stool was yellow and pappy, as in sucklings. At present, six days after the operation, the patient feels very well, is communicative, sleeps—with the aid of a small morphia injection—the greater part of the night; has no pain in the wound. The abdominal bandage has not yet been disturbed. The pulse is much quieter and fuller than before the operation, and at no time has the temperature been above $101\frac{1}{2}^{\circ}$. The excised cancer was 14 c. m. long, the pylorus opening was pervious only to the point of a feather. The shape of the stomach is not much changed by the operation, being only smaller.

VIENNA, Feb. 6, 1881.

REMOVAL OF INTESTINE.—M. Kœberlé (*Le Prog. Méd.*) while operating upon a young girl for strangulation of the intestines, found four contractions in the bowel, within a space of two metres. He incised this portion, having previously applied a ligature at either end. A number of ligatures were applied to the mesenteric vessels, and the ends of the intestines united together by their external surfaces were drawn to the inferior angle of the wound and fixed to the linea alba. There were no unfavorable after-results. The patient was nourished with nutritive injections and at the end of a few days had alvine evacuations.—(T. M. S.)

HOMŒOPATHIC HOSPITAL, W. I.

TREATMENT OF ULCERS.

By A. M. EASTMAN, M.D., HOUSE SURGEON.

There is probably not a hospital in the United States where a better Clinic of Ulcers may at all times be seen than here. We will not encumber this article by an extended table of statistics. Suffice it to say, that during the year 1880, there were 617 cases treated, which may be said to be about the average number per annum. From the fact that treatment is not always followed by brilliant results, and many times, to say the least, is tedious, and from the fact that in many cases the ulcerative process is so extensive as to render ligation or amputation necessary, we will endeavor to give in a limited space a digest of our most approved methods of treatment.

All surgeons agree that ulcers may be either constitutional or local. Of the constitutional, the causes may be traced to some well known disease, such as Syphilis, Scurvy, Metallic Poison, etc., which have run a regular course, leaving a dyscrasia; or, the disease itself may be actively present, such as paralysis, phthisis or Bright's.

Here the question might come in whether ulcers should always be healed. My observations indicate that in the two latter diseases, the nearer you approach healing the ulcer or diminishing the discharges by topical means the more rapidly does the disease become fatal. Other constitutional causes may be intemperance, or an impoverished condition of the system from deficient nourishment. These causes should be primarily considered in treatment. In all ulcerations the objects to be accomplished are to prevent extension or the formation of slough, to produce a deposit of plastic matter and healthy pus, and to repair by granulation and cicatrization.

From these stages and their complications there have been based classifications which we will endeavor to avoid, only so far as it concerns treatment. More is to be expected from the indicated remedy than from local applications, though combining the two produces the happiest results.

Many cases have been cured by the internal remedy, water dressings alone being used.

Concerning remedies we will refer the reader to the works of Drs. Helmuth and Lillenthal for indications.

Those principally used have been *Silicea*, which stands foremost for almost any class of ulcer, and has cured them without any other remedy.

Under *Hepar*, unhealthy discharges have been corrected and decreased.

Under *Arsenic*, the burning pains have disappeared, extensive sloughs removed, foul discharges corrected, healthy granulations induced and the patient built up.

Under *Carbo veg.*, the bluish tinge removed, foul discharge changed to healthy pus.

Under *Asafetida*, the intense night pains disappeared in ulcers over the shins, and the healing process forwarded.

Mecereum similar.

Under *Lachesis*, the sensitiveness has been removed.

Under *Graphites*, unhealthy granulation disappeared.

Under *Secale* sloughs have been removed.

Under *Septa*, where there were uterine complications, ulcers were cured.

Under *Apis*, the acute inflammation from about the ulcer has disappeared.

Under *Argentum nitricum*, one very indolent ulcer, granulations dark red, scattered over which were gray spots, was entirely cured.

The *Kalis* have been of use. The mineral acids, too, have, in many cases given satisfaction.

Under the *Iodide of Arsenic*, many so-called irritable ulcers where a syphilitic taint could be traced, has been of great service. There are three remedies we desire to speak especially of.

First: *Apium Graveolens* (celery) on which several patients were placed. It seemed to stop a too profuse discharge from the granulations, and cicatrization would follow. However, in one patient, a young man, whose ulcer was doing splendidly, shortly after taking the *Apium* commenced to break down, and an extensive gangrenous slough formed. A symptom which nearly all of the *Apium* patients had, was an intense constriction over the sternum.--in some cases this was accompanied by a drawing feeling extending through to the back, especially on lying down. The second remedy is *Potassium Iodide*, and its effects on ulcers of syphilitic origin.

After the Mercurials, *Hepar* and *Nitric acid* had failed, *Potassium Iodide* healed them up quickly. At first from ten to fifteen grains were given per diem with splendid results.

Afterwards the potentized drug was prescribed. In three extensive cases, all ulcerations below the knee, all similar in appearance, having numerous ulcerated holes, surrounding tissues blue, pus thin and offensive, in short, the leg having a honey-combed appearance, all healed up under *Potassium Iodide* ²⁰⁰. Two of them had *Carbolic Acid* 1 to 100 locally, the other water dressings.

Under *Potassium Iodide*, a very deep ulcer below the malleolus of the tibia was cured. The third remedy is *Ferri et Potassi Tartras*, which was given where extensive sloughs had formed, with good results.

In every case it has been the endeavor to obtain the totality of symptoms.

Concerning local treatment; position and rest are the two great factors in nearly all cases. However, these seem to have disadvantages. It has been noticed that ulcers on the legs healed by keeping the patient in bed in a horizontal position, soon break down when they begin to walk about, whereas, those healed out of bed break down less easily. On the other hand they healed much quicker in bed than out.

Of the special varieties of ulcers, we will speak first of the sloughing, which is too well known to need description. Some of these have been very extensive, requiring amputation of limbs.

Various local measures have been resorted to, such as, *Carbolic Acid*, *Nitric Acid*, *Charcoal Poultices*, etc. Poultices will, in many cases, remove the slough, but if kept on too long they soften the adjoining tissue and another slough forms, when hemorrhage may result. The application "par excellence" is a saturated solution of *Pernanganate of Potash*. This deodorizes the horrible stench and soon stops the sloughing. A case in point was a man admitted to the hospital covered with vermin; his left leg from the knee to a few inches above the ankle, extending over the entire anterior surface, also involving a portion of the calf, was composed of an immense slough. Radiating in different directions from the ulcer were sinuses filled with maggots. The visiting surgeon pronounced amputation necessary and the day of operation was appointed. The patient was in a very low condition, unconscious a part of the time, stertorous breathing, involuntary stool and urine. The remedy given was *Opium* and locally *Pernanganate of Potash*. Under this treatment the slough cleaned off and granulations started; soon the patient's condition was much improved; the remedy was changed to *Silicea* ²⁰⁰ and the *Pernanganate* wash considerably diluted. The patient is now nearly cured.

Next we will speak of that class of ulcers which have become somewhat excavated and there has been a plastic matter thrown out; then, instead of granulating and cicatrizing, the plastic matter forms a dirty white coating, which becomes tough and firmly adherent to its base. The edges are elevated, the discharge thin, and the ulcer becomes a receptacle for dirt. They may remain in this condition for months or years. First, we clean off the dirt with a flaxseed poultice, which also softens and relaxes the tissues, then to displace the plastic matter

several applications have been used, *Nitric Acid*, *Nitrate of Silver*, the knife, etc., but the best application seems to be *Zinc Oxide* 1 part to 16 parts of simple cerate, which does the work effectually. One case, in an old lady, proved to be very obstinate. The ulcer was of several years' standing and for many months the plastic matter resisted treatment. The ulcer extended nearly around the leg and dipped deeply. To this case irrigation was applied with the effect of not only cleaning the ulcer, but forming healthy granulations and finally cicatrizing it. Here let me say that irrigation stands at the head in the treatment of ulcers. It seems to form firm granulations, and the cicatrix under the treatment appears to be superior in quality. However, in one case, where the granulations were purplish, irrigation failed to benefit in the least after two months of the treatment. The method of applying irrigation is to have a receptacle for water a few feet above and at the side of the bed. Extending from this and acting as a syphon should be a piece of rubber tubing, at the lower end of which is inserted a glass tube drawn nearly to a point. Through this, the water runs slowly, falling directly on the ulcerated surface, when it is caught beneath by a rubber blanket and directed downward into a second receptacle at the side of the bed. This should be applied from four to six hours a day. After the base of the ulcer has been cleaned by one of the above methods, granulations should be induced. This is assisted by *Calendula* or *Balsam Cerate*, (1 to 8 of simple cerate) the balsam being the best in the majority of cases, and this application cannot be too highly spoken of, for its virtues lie not only in inducing granulations, but when they have become flabby, unhealthy and dark colored it brings back the desired rosy hue. It has also many times removed the severest pain from ulcerated surfaces. Of these unhealthy granulations at the base of ulcers, we find many varieties as to appearance, and they must all be stimulated. A cabbage leaf has been found to do this in some cases, and now we are trying macerated seaweed. Both of these cause much pain. Another application in similar cases, and especially if there is much foul discharge and the ulcer is deep, is the *Earth* treatment. Fill the ulcer with dry earth and apply adhesive plaster to retain. Similar to the earth is dry charcoal, applied in the same manner. They absorb offensive discharges and induce healthy granulations. The dressing should be changed every twenty-four hours. In ulcers not so deep, *Carbolic Acid* 1 to 40 acts nicely. Afterwards apply *Carbolic Cerate*. Dr. Helmuth's *Mercurius Dulcis*¹² acted well in these cases, so also has the *Mercurius precipitatus rubrum*, though the latter often leaves a dry cracked base. In one case where this was used a severe salivation followed, which amounted to three or four quarts per day, at the same time the ulcer became gangrenous.

Hepar and *Nitric Acid* internally did little good, but *Jaborandi* tincture internally, and *Potash* locally cured the salivation, cleaned the ulcer and started healthy granulations. A peculiar and novel method of treating a very indolent ulcer which we will suppose to be upon the leg is the following: Cut a plate of copper the exact shape of, and place it over the ulcer, connect this by a copper wire with a second plate of zinc placed high up on the thigh. Each day the copper should be removed and the ulcer cleaned with water or a weak solution of *Carbolic Acid*. Ulcers have cleaned up, granulated and cicatrized under this treatment alone. Now suppose that by one or more of these methods healthy granulations have been obtained, then look well to the edges of the ulcer, cold water dressings here come in, or you may apply a very weak solution of *Carbolic Acid* or *Calendula* wash. To facilitate the formation of a cicatrix, grafting stands pre-eminent, though oftentimes the grafts do not take. Those which are raised by means of a hair beneath which they are clipped seem to take better than those which have been pierced by some instrument. In speaking of cicatrization, Ehrichsen

says "The new cuticle is formed at the edge only; and never primarily at the centre of an ulcer, unless islands of old skin be left there undestroyed to serve as centres of cicatrization." Furthermore, Agnew says "It begins at the circumference and is doubtless determined by contact with the old skin. . . . The supposition that islands or isolated patches of epidermis can form at irregular points over a granulating surface independent of the old skin, is not supported by any well established cases." Could these gentlemen visit our surgical wards, four cases, all ulcerations of the leg, could be shown, where islands of cicatrization have formed, seemingly independent of the old skin. One of these cases, a man on whose leg extensive sloughing, dipping into the muscles took place. Subsequent to granulating, an island of cicatrization formed, surrounded by at least one inch of granulating surface. Locally the ulcer received *Potash* and then *Carbolic Acid* solutions, the same dressing never being replaced. Suppose now that instead of cicatrization, the granulations become large, flabby, gelatinous and protruding beyond the sides of the sore, then we have the so-called fungous ulcer. Here pressure must be made, which is best done by adhesive plaster, over which a roller bandage should be applied. Unless high up on the leg, bandaging should begin at the toes to produce an even support for the limb. Should the granulations persist, a little loaf sugar or burnt alum may be placed beneath the plaster. If this does not check them, cauterize with *Nitrate of Silver*, or, as has often been recommended, a solution of *Chloral* (12 grs. to the oz. of water). Finally the shortest and a very satisfactory method is to clip them off with knife or scissors, after which adhesive plaster or a water dressing may be applied.

Concerning syphilitic ulcers the best application is *Iodoform Paste*. Formula: *Iodoform* 3 i; *Bala. Peru* 3 ii; *Vaseline* 3 vii; or in some cases where the ulcer has a very foul discharge *Iodoform Powder* sprinkled over the ulcer, over which a charcoal poultice may be placed.

As to the treatment of varicose ulcers, *Hamamelis Virg.* benefits them. We have tried the elastic bandage in several cases only to see the ulcer break down and slough. To close our article, I wish to draw especial attention to the fact, that many of our cases, even the most indolent, have intercurrently contracted erysipelas, for which they have generally received *Belladonna*, *Rhus* or *Apis*. Subsequent to the erysipelas in all cases the ulcers have rapidly healed.

ACUTE PLEURO-PNEUMONIA.

REPORTED BY W. A. DEWEY, M.D., HOUSE PHYSICIAN.

J. L., 20. Admitted Feb. 14, 1881. Past history: Has always enjoyed the best of health and has a robust constitution. His mother and two brothers, he says, died from quick consumption. For the past week has suffered from a slight cold in the head, also a cough with a slight yellowish expectoration. On the evening of the 13th was taken with a chill, nausea, and vomiting; this was soon followed by a darting knife-like pain in the right mammary region. These symptoms have continued unabated until the present time.

Present condition: Is very restless and is continually tossing about in bed in spite of the intense pain each movement causes; the face is slightly flushed and full of anguish; the skin is dry and hot; the pulse full and bounding, and 124. Respiration is hurried, superficial, and 30 per minute; temperature 105½°. He has a short hacking cough which he tries to repress. The sputa have been slightly blood-tinged, but at present are dirty yellow and lumpy. Tongue coated white; excessive thirst; anorexia; constipation; urine scanty and high-colored—chlorides normal.

Physical examination: Jerky respiration; inspiration is incomplete; friction sounds are heard below and outside of the right nipple; heart's action hurried and intensified. R *Acon.* tinct. hourly.

Feb. 16. Febrile symptoms greatly modified; thirst less frequent, but for large quantities; bowels loose—moved twice during the night; dark and offensive passages; tongue white down centre; pulse 104, full and hard; respiration 30; temperature in A. M. $103\frac{1}{2}^{\circ}$, in P. M. $104\frac{1}{2}^{\circ}$. The pain in the side of the chest remains the same, and is greatly aggravated on deep inspiration or on any motion. *B Bry.*⁵

Feb. 17. Sputa tinged with blood; pains are about the same as yesterday. Temperature $104\frac{1}{2}^{\circ}$; pulse 96, full and strong; respiration 42. Physical examination gives impaired resonance throughout the right lung; puerile breathing in the left lung but no râles. Dry heat applied to chest, and remedy continued.

Feb. 18. Spent a restless night on account of severe pain in right side; bowels are loose; pulse small and wiry, and 100; respiration 32; temperature $104\frac{1}{2}^{\circ}$; he has great thirst and little appetite. Physical examination gives slight dullness over upper lobe of right lung, with increased vocal fremitus, and on auscultation crepitant râles are heard; condition of left lung unchanged. Urine contains 3 per cent. of albumen and a few epithelial casts. *B same.*

Feb. 19. Patient in about the same condition as yesterday, except that the sharp pain in the side has abated. His pulse is 82, full and strong; temperature $102\frac{1}{2}^{\circ}$; respiration 36. Physical examination: Over the upper portion of the right lung, as far as the third rib, we get complete dullness, bronchial breathing, and bronchophony; over left lung, puerile breathing as before. There is diminution in the quantity of albumen in the urine, and there are no casts. *B same.*

Feb. 20. Temperature $103\frac{1}{2}^{\circ}$; pulse 98, full and strong; respiration 38; cough is dry and hard; sputa viscid, yellow, and blood-tinged. Physical signs same as yesterday, except they are more clearly marked. *B same.*

Feb. 21. Cough more frequent and looser; sputa muco-purulent and blood-tinged; tongue heavily coated; bowels are regular. Physical examination same as yesterday, with the exception of disappearance of râles. Temperature A. M. $101\frac{1}{2}^{\circ}$, P. M. $104\frac{1}{2}^{\circ}$; pulse 98; respiration 44. *B Phos.*²⁰

Feb. 22. Cough still frequent and annoying without pain or distress; has profuse sweats; sputa scanty and raised with effort. Physical examination shows no change since yesterday. Temperature $99\frac{1}{2}^{\circ}$; pulse 76; respiration 32. *B same.*

Feb. 23. There is a marked change in his condition to-day; he feels much better, having passed a good night; his appetite is improving. Pulse 64; respiration 28; temperature $98\frac{1}{2}^{\circ}$. Physical examination gives no marked change. *B same.*

Feb. 24. Sweats continuously and profusely; is free from pain; cough less frequent; sleeps and eats better. Physical examination shows a diminution of the intensity of the signs; the tubular breathing is less marked, and resonance is returning; mucus râles may be heard on deep inspiration. Temperature and pulse normal; respiration 24. *B same.*

Feb. 28. For the past few days has made steady improvement; sweats have entirely ceased; appetite voracious, and he is rapidly gaining strength. Physical examination shows the chest to be in a normal condition, except a slight prolonged expiratory movement. *B Phos.*²⁰⁰ night and morning.

From this time the patient rapidly convalesced until March 10, when he was taken with a chill; his temperature rose to 104° , and this was accompanied by dull frontal headache, nausea, and vomiting; pain in the limbs, and occurring about 10 A. M., followed by heat and a profuse sweat, which relieves the headache and pains. A few doses of *Natr. Mur.*²⁰ were given.

On the 11th he had a slighter chill, at the same hour. The remedy was continued, and since then he has had no chills, and has been rapidly improving. His chest is

in a normal condition; he has no cough but has a good appetite and says he feels better than before his sickness, and was discharged cured, March 21, 1881.

ACUTE CROUPOUS PNEUMONIA.

REPORTED BY E. S. CONLYN, M.D., HOUSE PHYSICIAN.

Jos. M., æt. 19; single; U. S. Mechanic; admitted March 4, 1881.

Past history: Has always been healthy until about 10 weeks ago, when he was attacked by scarlet fever. On week later, he was taken with, what appears to have been, post scarlatinal nephritis. His urine was scanty, high-colored, containing some blood, and accompanied by much burning on urination; legs and feet oedematous. This was followed by severe convulsions. He can give no intelligible account of his symptoms at that time; but appears to have made a good recovery. For the past two weeks has been out of work, and while searching for employment has been much exposed to the weather, and often without sufficient food. About a week ago he first noticed a general feeling of malaise, headache, loss of appetite, etc.; these symptoms gradually increased until three days ago when he had several chills of short duration, followed by high fever, cough and pain in the chest. On admission he complains of a severe cough, with a scanty white expectoration; pains of a shooting character through lower right chest; great dyspnoea; unable to lie in bed, must sit propped up. Cheeks flushed and hot. Skin hot and dry. Temperature $102\frac{3}{4}^{\circ}$. Pulse 110. Respiration quick and short; severe frontal headache, feeling of great prostration; tongue heavily coated yellow; nausea with occasional vomiting. Lips dry and cracked; appetite entirely gone, great thirst. Urine scanty, high-colored, with burning on urination; pain in region of the kidneys. On examination, urine found to contain no albumen, but chlorides considerably diminished. Physical examination, shows left lung normal with exception of respiratory sounds being somewhat exaggerated. Expansion limited over lower portion of right lung; marked dullness over its lower portion, more especially posteriorly, accompanied by slight increase of vocal fremitus; respiratory sounds dry and tubular; vocal resonance greatly intensified. There are also some friction murmurs with occasional dry râles. Heart sounds normal. *B Acon.*²²

March 5th. Patient in much the same condition, with the exception of the symptoms being somewhat intensified; cough has increased, sputa now tinged with blood. Febrile symptoms much increased. Temperature $104\frac{1}{2}^{\circ}$; pulse 125, respiration very quick. Cheeks dark and hot to the touch; dyspnoea much increased, unable to remain in the recumbent position. Mentally, very anxious, fear of suffocating. The physical signs remain about the same. *B continued.*

March 6th. Patient considerably easier to-day; dyspnoea diminished, but he is still unable to lie on his back; tongue dry and brown. Very dull and stupid. Temperature $104\frac{1}{2}^{\circ}$; pulse 128. General symptoms otherwise about the same as yesterday. *B Phos.*²

March 7th. Temperature ranges from $103\frac{1}{2}^{\circ}$ A. M., to $104\frac{1}{4}^{\circ}$ P. M.; pulse 130, very weak and compressible. Pains in chest diminished in severity. Patient very drowsy, easily awakened but soon sinks into sleep again. *B continued.*

March 8th. Temperature A. M., $102\frac{3}{4}^{\circ}$; P. M., $103\frac{1}{4}^{\circ}$; cough not nearly as frequent. Sputa but slightly tinged with blood; stupidity still continues. Complaints of great prostration in strength. *B continued.*

March 9th. Temperature A. M., $102\frac{1}{4}^{\circ}$; P. M., 104° . Pulse very weak and thready; general condition about the same. *B continued.*

March 10th. Temperature A. M., $101\frac{3}{4}^{\circ}$; P. M., $103\frac{1}{4}^{\circ}$; general condition somewhat improved. Patient more cheerful, appetite increased. Fine bubbling râles occasionally heard through the affected part. *B continued.*

March 11th. Temperature throughout the day ranges

at about 102½°. Patient much improved in every way; appetite quite good. Cough loose, sputa much increased in quantity and yellowish in color. B continued.

March 12th. Temperature sprang up to 103¼° at noon, falling back to 101¼° at 6 P. M.; improvement still continues; sputa quite profuse. B continued.

March 13th. Temperature A. M., 99°, running up to 101° in the afternoon; lung rapidly clearing up. Resonance returning; some vesicular breathing heard. Small moist, interspersed with large bubbling râles heard through the affected lung. Dyspnoea rapidly disappearing. B continued.

March 16th. Temperature since last entry has been about normal; patient sitting up; appetite fair; feels well in every respect, with the exception of great weakness. Normal lung sounds can be heard at all points.

March 18th. Patient rapidly gaining in weight; eats and sleeps well; complains of nothing but a weak feeling after taking exercise, with also some nervousness. Discharged cured.

ACUTE CEREBRAL MENINGITIS.

H. G., æt. 29. Widower; U. S. Clerk; admitted March 8, 1881.

One week ago, says he was taken with a severe chill followed by a slight fever and sweat accompanied by a feeling of prostration. He has had a chill every day since that time, sometimes two a day. These chills have been very irregular in regard to time and duration, and were sometimes accompanied by fever, at other times not. He has taken a quantity of *Quinine* with no apparent benefit. From the irregularity and undefined nature of the paroxysms, and numerous gastric symptoms, tongue coated yellow, bad taste in mouth, constant thirst, nausea and bilious vomiting, *Ara.* was prescribed, which he received at 7 P. M.

March 9. This morning the patient was observed to be acting in a strange manner, walking around the ward in an aimless way, attempting to get into the beds of other patients and making no answer to the inquiries of the nurse. Upon being questioned, he denied being sick at all, saying that he felt perfectly well in every respect. About noon he was taken with a severe chill followed by an intense fever. Face and neck very hot and moist, the heat being perceptible to the hand held several inches from the head, pulsation of carotids. Body bathed in a profuse hot sweat. Temperature 105°, pulse 130, full and strong. Respiration short and hurried; conjunctiva injected, pupil of right eye normal, that of left contracted and re-acting slowly to the light. Throws himself from one side of the bed to the other; tosses his arms about wildly; twitching of muscles of legs; great stupidity, answers questions only after considerable urging. Mutters unintelligibly; complains of severe pain across the forehead; tongue coated white at the base, tremulous and protruded with difficulty; bad taste in the mouth with occasional attacks of nausea. Great thirst, bowels constipated; urine dark and scanty, but contains no albumen. Physical examination shows lungs and heart to be normal, B *Bell.* in water every half hour.

March 10. Temperature ranging to-day from 104° to 104½°. Pulse 125. Patient not so violent; general febrile symptoms somewhat lessened. Face of darker hue, dull and besotted expression; constant muttering; pupil of right eye contracted and re-acts but little to light; left pupil slightly dilated and immovable. Tongue coated white, tremulous, catching in the teeth when protruded; dull and apathetic; complains of nothing but pain in the forehead. Displays irritation when disturbed by questions. Involuntary urination. B *Gels.*

March 11. Temperature 104½°; pulse 180 and very feeble. Stupor seems more decided; patient lies with half-opened eyes; refuses to answer questions although appearing to be conscious; unable to protrude the tongue. Respiration gasping and labored. Twitching of individual sets of muscles. Neither motion nor sen-

sation impaired. Moves uneasily in the bed. Urine involuntary. Has not passed his stool since his admission. B *Opium*.

March 12. This morning patient is entirely unconscious. Temperature 106°, pulse 145, weak and thready. Body bathed in a profuse hot sweat. Respiration quickened and very labored; pupils widely dilated; tongue dry and brown. Lips parched and cracked, sordes on teeth, mutters unintelligibly, lies quietly with exception of some muscular twitching, picks at flocks; urine involuntary. Dullness on percussion over posterior surface of both lungs, with fine moist râles. During the day the patient gradually grew weaker; no change in general symptoms, body became covered with cold clammy sweat. Breathing became gasping with considerable grinding of teeth. Pulse hardly discernible. Died quietly at 3:45 P. M.

Post-mortem examination held 22 hours after death.

Rigor mortis marked. No emaciation, body well nourished, muscular development marked. Pericardium with fluid normal.

Heart. Weight 13 oz. Examination shows signs of a general endocarditis which had not progressed to the stage of the effusion of lymph. The entire endocardial surface much injected and of dark color.

Right ventricle; walls normal, cavity dilated and containing a large ante-mortem clot extending through the auriculo-ventricular orifice, which is enlarged, admitting four fingers. Tricuspid valves congested, of dark color and bound down partly by soft recent adhesions easily raised by the handle of the scalpel. Pulmonary valves normal. Right auricle; walls normal and cavity empty. Left ventricle; cavity dilated, walls somewhat thickened, mitral valves congested and of dark color, otherwise normal. Aortic valves normal. Left auricle; cavity empty, walls normal; pulmonary surface of aorta intensely congested. Left pleura thickened, old adhesions over anterior and posterior surfaces of lung. Pleuritic fluid normal.

Lungs. Left lung; weight 26 oz., lobes non-adherent; whole tissue of lung extremely congested and oedematous, and of dark color. Right pleura; old adhesions over anterior surface of lung. Right lung; weight 30 oz. Lobes unadherent; tissues in much the same condition as the other lung.

Liver. Weight 4 lbs. 7 oz. Surface smooth and rather pale, edges rounded; capsule adherent in spots. Right lobe; tissues pale and very soft. Left lobe; tissues somewhat darker and firmer.

Spleen. Weight 11 oz. Capsule non-adherent; tissues very dark and extremely pulpy.

Kidneys. Left. Weight 8 oz. Surface smooth, capsule non-adherent and somewhat thickened. Cortical substance greatly increased, obliterating most of the pyramids. Pelvis of kidney filled with adipose tissue. Right. Weight 8 oz. Condition much the same as the other.

Brain. Weight 52 oz. Dura Mater normal with the exception of some congestion of internal surface. A considerable quantity of turbid flocculent yellowish fluid, found in the cavity of the arachnoid, with shreds of soft lymph, extending between the opposing surfaces. These were more especially marked over the frontal convolutions on the left side, although a few were found at the base of the brain. The cerebral arachnoid appears puffed up and quite opaque. This condition is more marked over the frontal convolutions on left side, where for a space about the size of a silver quarter the membranes appear softened and disorganized, being easily scraped away by the handle of the scalpel. Pia Mater reddened and injected. The substance of brain normal. The ventricles contain the normal amount of fluid.

THE *Anæsthetic Mixture* commonly used in the Vienna General Hospital is composed of *Alcohol*, 90 parts; *Ether*, 90 parts; *Chloroform*, 3.00 parts. Billroth has used this for nine years without a death, except one that occurred last summer.

New York Medical Times.

A MONTHLY JOURNAL

OF

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EDITORS:

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"A regular medical education furnishes the only presumptive evidence of professional abilities and acquirements, and ought to be the ONLY ACKNOWLEDGED RIGHT of an individual to the exercise and honors of his profession."—Code of Medical Ethics, Amer. Med. Ass., Art. IV., Sec. 1.

PROSPECTUS.

WE commence the Ninth Volume of the TIMES with a new dress and a partial change of name. The dress will appeal to the good taste of all our readers, and the change of name we are equally confident will meet with general approval. While it has been the aim of this Journal in the past, and will continue to be in the future, to give that prominence to the law of *similars* which its importance demands, it seeks to occupy a place in the ranks of journalism in which it is free to discuss the great questions pertaining to every department of medicine with candor and courtesy. There will be no change in the policy of our Journal; as a matter of honesty and good taste we prefer a name which will enable us to look to the vastness of the whole of medical science rather than to a single law, however important. Relying solely upon merit for success, and striving to make the TIMES the medium of enlightened thought and progressive medicine, we cordially welcome to our pages all earnest workers and practical thinkers who are seeking to make our profession more unselfish in its work, more catholic in its spirit, and far-reaching in its influence for the good of humanity.

THE SCHOOL OF THE FUTURE.

"Give me a fulcrum for my lever," said the ancient philosopher, "and I will move the world." In the medical world, that fulcrum has been found in the law of *similars*, and the lever used not always wisely and in the line of its greatest power, has still elevated the medical world to a higher plane and opened before it a broad avenue of scientific investigation, where each foot-step can be planted on the firm ground, not merely of theoretical but of experimental truth. This has been done, not simply by profound philosophical disquisitions, by fine-spun theories and logical deductions in which we are told what ought to be—for the logic of facts often upsets, by strange and unlooked-for development,

the logic of the schools—but by tracing cause to effect and reasoning back from effects to a closer analysis of causes.

The catholicism of Hippocrates gave place to the dogmatism and sectarianism of Galen, which ruled the medical world as with a rod of iron for sixteen centuries. The catholic spirit, the broad yet searching habits of investigation of the Father of Medicine, were lost sight of in the one idea of Galen and that coarser line of thought which divested the human frame of all the finer influences of vital forces and spirit life, and looked upon it only as so much gross material to be controlled only by the stronger forms of material force.

We are not surprised, in looking at the records of the medical world from Galen down through the centuries to Hahnemann, at the small advance made in the great field of therapeutics, in the line of scientific investigation. What could we expect where the revelations of the anatomists, the studies of the chemist and botanist, were met by the inflexible and iron law of *contraria*? Surgery could and did advance with rapid strides, for here was something tangible; but the therapeutist, hedged round by a sectarian bigotry, could find but little practical use for the facts unveiled by the pathologist of the footprints of disease. The pathological conditions revealed from the toxicological action of drugs gave no clue to treatment where similar pathological conditions were found. The results of disease, and the records of the pathologist, were but little more than a gathering together of facts which could not be utilized.

With the inductive method of Hahnemann, and his unfolding the law of *similars*, the key-note of scientific progress was struck, and the chains of old-time error which for sixteen centuries fettered the medical world were broken at a blow. No longer was the work of the physiologist, the pathologist, and the microscopist, a mere gathering together of facts which had but little practical use in therapeutics, and which served but little more than to gratify scientific curiosity, but the open sesame to a new world, so bright, so glorious, with its unfoldings of truth, that we can scarcely wonder that those upon whom the light had just broken were astonished at the results obtained, and the grand possibilities of the future.

History tells us of the dark ages, when liberty seemed blotted out, mind held in thralldom, and the despotism of barbaric ignorance and brute force had swept away almost the last vestiges of the civilizations of Greece and Rome. But in reality there never was a dark age. During all those centuries when the human race seemed drifting back into barbarism, mind was at work in the quiet cloisters, back among the mountains, away from the warring strife of men, hewing out from its God-given quarries thoughts, truths, principles, which in the fullness of time were to ripen into that progress which has marked the past two centuries. And so, during that long period of medical sectarianism, the close observations of earnest men, and the facts revealed by scientists, were accumulations of truth to be utilized in therapeutics when, in the progress of time, some

master mind strikes the key-note of a great truth, which opens wide the door to medical progress, and lifts our profession from empiricism to the ranks of science.

Hahnemann, in bringing out into strong, clear light the dual power of drugs, and the similarity between their action upon the human system and the progress of disease, showed how one could be made to combat the other, and established a principle which has been only strengthened by the labors of the chemist, the physiologist, and the pathologist. Through these revelations, now guided by a scientific principle, we reach conclusions more clearly and with more certainty, in a short space of time, than could be obtained by the ancients, even after long periods of careful watching and close observation.

Bichat, in his experiments with *Strychnine* upon nerve tissues and nerve action, opened a line of physiological investigation eagerly taken up by Magendie, and followed out with a careful, pains-taking spirit by the brilliant array of physiologists, microscopists, and pathologists of the past half century, placing in the hand of therapeutists a magnificent array of facts to be utilized in their study of disease and drug action.

It requires no prophet's eye to foresee the school of the future. The inductive method of Hahnemann, the labor of scientific minds everywhere in the medical world, lead along the same path and point to the same conclusions. Side issues there are, and will continue to be—differences of opinion as regards the mode of administering drugs and their power of action; but the great central idea, now so firmly established, will be the guiding spirit in the school of the future; and as one after another of the barnacles which cling to it drop off, it will be found to be the golden chain linking together in fraternal fellowship the whole medical profession.

As in the past, when the great principles for which the Abolition party contended became the principles of the nation, its great work was accomplished, and its name—as a distinctive party name—was embalmed in the memories of a vast work performed and a great victory obtained; so, in the future, as the great principles for which we have so long contended become (as they are fast becoming) the principles of scientific medical men everywhere—under different names, perhaps, yet still the same—the old war flags will come down and be placed quietly away among the records of past contests, and those who cling with blind tenacity to old issues which have no longer any real existence, will find themselves floundering in the rear while the great tide of scientific progress sweeps over and beyond them.

A NEW CHAIR.

Amid all the talk of elevating the standard of medical education, so as to make the profession more efficient and better guardians of public health, it will be wise for us not to overlook one great factor in this noble work—that of educating the profession in the laws of health, and teaching them how to prevent disease as well as how to cure. The wisest statesmanship is that which prevents trouble by that careful reading of the signs of the times which enables them to so direct the ship of State

as to avoid the fury of the storm and the treachery of rocks and shifting sands. When the time comes that the medical profession, by the careful study of nature's laws, will be enabled to so far influence individuals and the State as to prevent many of the epidemics which now spread like the breath of the pestilence from house to house and from one community to another, it will take a position of respect, influence, and usefulness which it has never before occupied. The effort of Bellevue to elevate the standard of medical education by requiring a preliminary examination has been discontinued because it did not pay. If our medical schools will make an effort in another direction and introduce into their curriculum of study a careful investigation of the laws of hygiene, and teach their pupils how to prevent disease as well as how to cure, they will deserve the lasting gratitude of the whole community.

Statistics, which show the annual death rate in New York in the year 1880 to be 35.5 per one thousand, do not speak well for the influence of a learned medical profession upon the community. Nearly one-half of this mortality might have been prevented if wise counsels had prevailed in the sanitary management of the city. If the medical profession wish to do their whole duty, they have only to inform themselves as it regards proper sanitary measures and hygienic laws, and make the community feel that they know of what they are speaking, and there will be no difficulty in securing such legislative enactments as will make New York, or any other city, almost free from epidemics. When will our colleges seek to elevate the standard of medical education by working in this direction?

INSTRUMENT FOR ELECTRO-MASSAGE.

"Dr. John Butler, of this city, has introduced to the profession a new and very ingenious instrument, in which a roller electrode is made to cause rotation of a pair of helices near a magnet, and thus give rise to an induced current of sufficient strength to produce muscular contractions. The principle of production of the current is the same as in ordinary magneto-faradic machines, the invention consisting in utilizing the power to do massage at the same time that current is produced. In the improved machine which we have examined the magnet is stronger than in others, and the roller is fully three inches broad. The absolute utility of this contrivance remains to be determined by experience. The notion of combining mild faradization with mechanical excitation of the muscles is a good one, and has been carried into practice before by means of roller electrodes connected in the ordinary way with a battery.

"In Dr. Butler's instrument, as in other magneto-faradic instruments, we find the current jerky and painful; much less acceptable than that coming from a well-made volta-faradic machine. The effect of pressing upon the muscles with the roller is by no means the same as intelligently-done massage by the fingers, but, except in large cities, this latter treatment cannot be obtained, and even in New York there are few manipulators who can be trusted to do it well.

"Taking all into consideration, it seems very probable that this instrument for electro massage will meet a need in practical therapeutics."—From E. C. S., in *Archives of Medicine*.

One would naturally suppose that the merest tyro in electro therapeutics would be aware that only strong currents are painful, and that the degree of evenness of the current entirely depends upon the regularity of the speed at which the electro magnets are made to revolve. As both the strength and evenness of the current are entirely under the control of the operator, who can make it (the current) "painful and jerky" at will, or through carelessness, we scarcely can see the justice or propriety of the remark of E. C. S., as applied to the machine. The reviewer has omitted to state that one of the most effective points in the instrument is the fact that the interruptions of the current can be so regulated as to produce a muscular contraction followed by rest before the next contraction takes place and differing essentially from the tetanic contraction caused by even "the well-made volta-faradic machine." This point alone renders the instrument very valuable.

INTERESTING STATISTICS, RELATING TO THE HOMŒOPATHIC HOSPITAL, W. I.*

During the first five years of the hospital's work—from January 1, 1876 to January 1, 1881—19,679 patients were treated. Of this number 1,055 died. The death rate for this period was 5.36%. The number under treatment each year varied from 3,000 to 4,500; the death rates ranging from 4.60% to 6.07%. The average cured compared very favorably with any of the older hospitals. In its medical wards, all the diseases in the nomenclature of medicine, except those of a contagious nature, have been treated.

In its surgical department, most of the important operations known to modern surgery have been performed.

In its venereal service, all of the various forms and stages of this class of diseases were treated.

The success obtained in the treatment of erysipelas has ably demonstrated the efficacy of the Homœopathic treatment of this disease.

Its ophthalmic wards have been replete with interesting cases.

During the year ending December 31, 1880, there were 4,402 cases admitted. Of this number 2,432 were received in the medical wards, representing over 100 different varieties of disease.

In the surgical wards 1,363 cases were treated, including 125 forms of disease, accident, or deformity. Among the operations performed in this section of the institution, we find: Amputations of the thigh, leg, foot, fingers, and toes; resections of the hip joint; lithotomy; operations for the radical cure of hernia; rhinoplasty, and stretching the sciatic nerve. There were also about 50 cases of fracture treated, besides a large number of burns, and incised, lacerated, and contused wounds.

A separate ward for gynecological cases was opened in May. During the six months of its existence, 71 patients were received, and several very interesting operations were performed.

In our venereal ward, 174 cases were treated. These were principally primary, secondary, and tertiary syphilis; gonorrhœa, and chancroid.

There were 114 cases admitted into the erysipelas ward. The majority of these were received during the

winter months; as at that time our facilities for the treatment of this disease were largely increased.

The statistics of our ophthalmic ward show that 77 cases were received.

In the insane wards 171 patients were cared for. Most of these are patients suffering from dementia and chronic mania. All have been insane over five years, and a large number from fifteen to twenty years, or more; it is evident that medication, applied with a view to their mental recovery, would probably be useless; consequently, when remedies have been administered they have been given mainly for physical ailments.

There has been but little sickness among our insane, and but three deaths; the death rate being 1.75%. Of the 4,402 cases treated during the year, 224 died; the death rate being 5.09%. Including the 171 insane patients, but 4,231 patients were treated; of this number 221 died, making the death rate of the hospital proper 5.23%.

COMPARATIVE EXAMINATIONS.

The following showing indicates the comparative character of the examinations in the two departments of medicine and surgery in the Michigan University.

We give only the questions in surgery as used at the close of the first semester. In the "Homœopathic department," candidates were compelled to write answers to each question, in the "old school," it will be observed that "three out of six and no more" were required to be answered.

DEPARTMENT OF HOMŒOPATHY.

1. Give the differential diagnosis between extra capsular fracture of humerus and subglenoid dislocation.
2. Name the dislocations of the shoulder joint in the order of their frequency, and give symptoms of each.
3. Give the dislocations of the hip joint—diagnosis of each, and treatment.
4. Give differential diagnosis of dislocation of the wrist joint, and Barton's fracture.
5. Give diagnosis, and treatment of fracture of the middle third of the humerus.
6. Give diagnosis, and treatment of Pott's fracture, and explain method of setting, and adaptation of dressings.
7. Give diagnosis and treatment of both bones of the forearm, and explain method of applying splints.

DEPARTMENT OF MEDICINE AND SURGERY (OLD SCHOOL.)

1. What is meant by healing by the first intention, and what conditions favor this method.
2. What are inflammatory new formations, and mention at least six that are met with in practice.
3. Diagnose syphilis.
4. Describe Symes' amputation of ankle joint. (Not lectured upon.)
5. Describe hare lip and method of treatment.
6. Ulcers.

The candidate to write upon three out of the six and no more.

DR. A. B. ISHAM, of Walnut Hills, Ohio, (*Cin. Lancet and Clinic*) has made the wonderful discovery that "alcohol by moderating the natural desire for food in the first place, and afterwards interfering with its elaboration and assimilation, starves the system. From the readiness of its absorption and appropriation it only can serve all purposes and meet all wants. It furnishes a fine practical illustration of the incontrovertible logic of the now fast-expiring dogma "*Similia Similibus Curantur*." If the doctor possessed as little knowledge of the action of alcohol as he evinces in respect to the statistics respecting the practice of medicine in accordance with the law of similars, his dissertation would be of little value. He has evidently spent his time in the study of alcohol at the expense of the other subject, and has given us an interesting paper on "Inebriate Reform."

* Extracted from the report of A. P. Williamson, M.D., Chief of Staff.

BIBLIOGRAPHICAL.

WOOD'S LIBRARY OF STANDARD MEDICAL AUTHORS.

The third year of the enterprise of furnishing to the profession the best practical and scientific treatises on medical literature at a low price, opens with the excellent and popular work on Albuminuria by W. Howship Dickinson, M.D., Cantab. The work is familiar to the profession, the reprint being from the second English edition, and is one of the most practical works of the kind issued from the medical press.

In the second volume of the Library Dr. Piffard, the Professor of Dermatology in the Medical Department of the University of the city of New York, discusses the *Materia Medica* and Therapeutics of the skin. Dr. Piffard brings a cultured and discriminating mind to his task, and the result is a work scientific in its description, and thoroughly practical in its treatment of disease. The book is an outgrowth of the author's extensive reading, and large experience in hospital and private practice, presented in a form which will admit of ready reference. The work opens with a description of the drugs which affect the skin and the way in which they act. Following this comes a brief synopsis of the diseases themselves and the manner of applying the remedies. Both volumes are illustrated with plain and colored plates, and are elegant specimens of book-making.

SYPHILIS AND MARRIAGE. Lectures delivered at the St. Louis Hospital, Paris, by Albert Fournier. Translated by P. Albert Morrow, M.D. New York: D. Appleton & Co. 1881.

When the great subject of heredity is better understood, the secret of the crime and wasting disease existing in our midst will be so clearly revealed, that sufficient facts will be placed in the hands of legislators to form a basis for intelligent action in purifying society from those persons who are constantly tainting its life blood. No subject deserves more careful attention than transmission of crime and disease through the marriage bed to those who are to make up future society.

We are glad this important subject has been taken up so earnestly by one so fully competent to discuss it as Prof. Fournier. His long connection with the Lourcine, St. Louis, and other special hospitals of Paris, has placed at his disposition, rich stores of clinical experience which his rare discrimination and practical powers of analysis have enabled him to utilize to the best advantage. Quite recently a special chair has been created for him in the Faculty of Medicine of Paris—an unusual distinction, and one which shows the high estimation in which his talents and works are regarded.

Part First presents the dangers due to syphilis in marriage; direct contagion; syphilis by conception; paternal heredity; mixed heredity; possible danger to the husband; conditions of admissibility to marriage; prolonged period of immunity; sufficient specific treatment.

Part Second: After marriage. Husband syphilitic and wife healthy; husband syphilitic, wife healthy and enceinte; husband syphilitic and wife recently contaminated; husband syphilitic, wife syphilitic and enceinte; dangers to society, social prophylaxis; the work closing with notes and illustrated cases.

ECCE MEDICUS; OR HAHNEMANN AS A MAN AND AS A PHYSICIAN, AND THE LESSONS OF HIS LIFE. Being the first Hahnemannian Lecture, 1880. By J. Compton Burnett, M.D. London: The Homœopathic Publishing Company; pp. 164: 12 mo.

Dr. Burnett has given us not only a most scholarly production, but a very readable one. It is just such a biography as will meet a popular demand, and will find a ready sale with laymen, provided it is brought to their attention.

The publishers should see that it is.

A PICTORIAL MANIKIN, OR MOVABLE ATLAS, SHOWING THE POSITION OF THE MALE ORGANS OF GENERATION AND REPRODUCTION BY MEANS OF SUPERPOSED COLORED PLATES. By Prof. G. I. Witkowski, M.D., New York. Published by J. Cristadoro, 93 William Street.

We have already referred to this excellent work issued in parts at five dollars each. Each part is complete in itself and gives as complete an idea of the anatomy and physiological structure of the organs as could be obtained in the dissecting room. The essay of Prof. Witkowski on the male organs of generation and reproduction is clear and concise, so that the student with the manikin and the essay before him, can refresh his mind at any time with points he may have forgotten.

LECTURES UPON DISEASES OF THE RECTUM AND THE SURGERY OF THE LOWER BOWEL. Delivered at the Bellevue Hospital Medical College, by W. H. Van Buren, M.D., LL.D., Professor of the Principles and Practice of Surgery, etc., etc., etc. New York: D. Appleton & Co., 1881, pp. 412. Second Edition, largely re-written, with the addition of much new matter, and fully illustrated with twenty-seven plates.

The standing of this well-known author in his specialty, is sufficient assurance as to the character of the work under consideration.

The subjects are treated in an eminently practical manner by means of a most intelligent use of clinical experience.

The pathology is in accordance with the latest researches in this department, and the Surgical means advised is of a conservative character, which is reached after careful consideration of the various operative procedures which have from time to time been employed.

The work is exhaustive, modern, and will be of great service to the general practitioner.

A GUIDE TO THE CLINICAL EXAMINATION OF PATIENTS, AND THE DIAGNOSIS OF DISEASE. By Richard Hager, M.D., Privatdozent to the University of Leipzig. Translated from the second revised and enlarged edition by C. E. Gramm, M.D. Boericke & Taefel, New York.

This work was intended by the author for students of medicine before attending clinics, in order to obtain an idea of their conduct at the bedside, and the manipulations required there, and also the principal phenomena by which the presence of a given disease is established. The accuracy, completeness, and conciseness of the subject matter of this guide has caused it to be so favorably received that it has been accorded a lasting place as a text-book in the German Universities; and we have no doubt it will soon find its way into the hands of nearly all our medical students. The volume is inexpensive, can be carried in the pocket, and is full of that practical information for which the student will bless the author and translator.

ANNALS OF THE BRITISH HOMŒOPATHIC SOCIETY AND OF THE LONDON HOMŒOPATHIC HOSPITAL; London. Trübner & Co.: pp. 434 to 531 inclusive—published half-yearly, No. 51. Feb., 1881.

The number before us contains the following interesting articles:

- (1.) Three anomalous cases of acute rheumatism, by Dr. J. H. Clarke.
- (2.) On cases of Pulmonary Hemorrhagic infarction, by Dr. A. H. Buck.
- (3.) Two anomalous cases of chronic arsenical poisoning, by Dr. Hughes.
- (4.) Notes on Rickets and Ricketty Deformities; their prevention and treatment; with a notice of a visit to the schools for ricketty children in Turin and Milan, by Dr. M. Roth, with discussion.
- (5.) Cases from out-patients' practice of the hospital, by Dr. C. L. Tuckey.

AIDS TO DIAGNOSIS. Part I. Semeiology, by J. Miller Fothergill; Part II. Physical, by J. C. Thorowgood, M.D., M. R. C. P. New York: G. P. Putnam's Sons, 1881.

The student is often lost in surprise when he sees an experienced practitioner so direct a few leading questions that a tolerably accurate diagnosis is formed even with but little use of instruments, and without the long line of close questioning which he supposed essential. Semeiology is used by the author to signify the signs and symptoms which are noted by the eye before a physical examination is made; under this heading he also discusses the information afforded by feeling the pulse and taking the temperature, and also the examination of urine. The story of a disease is often so clearly told by the general appearance and expression of the patient, as to make the further examination comparatively easy.

Dr. Thorowgood, in his *Physical Diagnosis*, goes over the ground with much clearness and at as great length as is necessary for ordinary work.

The *Students' Aid Series* contains *Aids to Anatomy*; *Aids to Chemistry*; *Aids to Forensic Medicine and Toxicology*; *Aids to Therapeutics and Materia Medica*; *Aids to Physiology*; *Aids to Diagnosis*, in two parts; *Aids to Rational Therapeutics*; *Aids to Medicine*. With all the helps for the study of our art with which the press teems, and which is given by our hospitals in clinical instruction, the young physician, on the very threshold of his profession, stands almost the peer in practical knowledge of his older brethren, who have borne the heat and trial of the day.

The *Students' Aid Series* is handsomely printed in 16mo. form, convenient for the pocket. Price in paper, 25 cents; in cloth, 50 cents.

TRAITE D'OBSTETRIQUE ET DES MALADIES SPECIALES AUX FEMMES ET AUX ENFANTS, par Le Dr. H. N. Guernsey. Traduit par Le Dr. F. Chauvet, Tours. J. B. Baillière et Fils, Paris, 1880.

This translation is from the third American edition, and comprises the portions referring to diseased conditions capable of removal by internal medication. Everything relating to the theory of reproduction, the progress and growth of the foetus, together with the mechanical treatment of labor, have been omitted. The ability of Dr. Chauvet to do the work well is shown by his accurate comprehension of the subject matter of the author, and its careful rendering into his mother tongue. The translator closes his preface as follows: "We may perhaps find in this system of characteristics one of the links for the systematizing, so much to be desired and so useful, of the materia medica and pathology; but for the present we ought to be grateful to those whose patient work has permitted us to use the material thus far accumulated. Among these Dr. Guernsey is one of the first, both in date and merit, and the publication of this work seemed to render homage to his character, and at the same time to benefit my associates."

ANNUAL REPORT OF THE N. Y. OPHTHALMIC HOSPITAL FOR 1880.

The report shows the number of patients treated as follows:—Diseases of the Eye, 3,740; of the Ear, 992; of the Nose and Throat, 1,414; making a total of 6,146 cases. The course of instruction has been extended to six months, and the degree of *Oculi et Auris chirurgus* is conferred by authority of the State.

THE MEDICAL HERALD.—A monthly Journal of Extracts from the current medical literature, special reports, original articles and general clinical news. Editors, Drs. C. H. Goodman and C. W. Taylor, St. Louis, Mo. Successor to the *Homœopathic News*.

HORSES' TEETH.—A treatise on their mode of development, physiological relations, anatomy, microscopical character, pathology and dentistry; based on the works of well-known odontologists and veterinary surgeons; to which is added a vocabulary of the medical and technical words used. By William H. Clarke, New York. Published by the author, 1880; pp. 262.

"THE HEART AND ITS FUNCTION."—One of the series of "Health Primers" issued by Messrs. D. Appleton & Co., for popular dissemination (pp. 95,) and meets its intention admirably.

CORRESPONDENCE.

TARRYTOWN, N. Y., March 15, 1881.

MESSRS. EDITORS:—When your note, inviting me to say something to the readers of the *TIMES*, was received, I thought I had nothing to say, and put it in the waste basket. It has since occurred to me that I might possibly render some one a service by calling attention, *with an emphasis*, to the use of *Cuprum* in Cardiac Asthenia. In a recent case, in which *Dig. tinct.* and *Dig.*² failed me, *Cupr. acet.*³ produced a most satisfactory change. The patient, aged about 60, for many years the subject of infrequent epileptic paroxysms, not recovering as usual after the last one, yielded to the importunity of his family and asked my advice, though he said he did not think it necessary. He had never had Homœopathic treatment for himself, though his family preferred it. I found him quite weak and un-nerved, easily breaking into tears. Hypostatic congestion of the lower portion of both lungs, posteriorly; very little cough; some dyspnea, markedly increased by any exertion; and the most extraordinary irregularity of heart's action. It was utterly impossible to count the beats, either with the finger or by the ear. No audible murmur. No pain, and, when quiet, scarcely any discomfort. Slight albuminuria; no casts found. Having no *Tinct. of Dig.* with me, and having once had a very prompt effect from *Dig.*²⁰⁰, I left the latter. Getting no effect from it, I gave *Tinct. Dig.*, two or three drops to a teaspoonful of water, every two hours, for three days, with no better result. *Rhus tox.*²⁰⁰ and *Gels.*²⁰⁰ were equally without result. *Cupr. acet.*², about three grains in solution, of which a teaspoonful every two hours was now given. The next day there was an obvious improvement in the pulse, and the following day it was regular, and has remained so ever since, so far as I could discover by occasional examination. I found albumen in the urine but once—on the first examination. That disappeared immediately, and the pulmonary congestion gradually, after he maintained the quiet which I, of course, directed on first examining him. The latter, however, did not disappear entirely until the heart's action became regular. I think there is a degree of dilatation, with probable fatty degeneration of the heart. The prompt action of the *Cupr.* I regard as unmistakable. Lilienthal (1st ed.) makes no mention of *Cupr.* as a cardiac remedy, except for palpitations at the menstrual period.

Hale says only "*Cupr.*," according to Grauvogl, will cure some diseases associated with anemia, when *Iron* fails. For dilatation, with fatty degeneration, it appears to be decidedly indicated."

Yours very truly, T. C. FANNING.

[We have several times seen the prompt effect of *Cuprum* under symptoms similar to the above.—EDS.]

DR. PRICE sends us the following errata:

Page 283, second column, 17th line from the bottom, read *chorea* for *cholera*.

Page 284, first column, 13th line from the top, read *interdependent* for *independent*.

SAN FRANCISCO, March 14, 1881.

MESSESS. EDITORS:—Thinking that a letter from the Pacific slope might be interesting to some of your readers, and perhaps pleasantly surprise many who had been led to believe that Homœopathy is hardly known here, or that our ranks are so broken by dissensions that we hardly have any organization, I take great pleasure in assuring them that, on the contrary, Homœopathy has a firm hold upon the convictions of the people here, and is a steadily growing power. All through the length and breadth of this State I have found a large proportion of the population strongly attached to our method of cure.

In 1877 a medical law was passed by the Legislature of California, placing Homœopathy on an equal footing with other schools of medicine.

There has been organized within the last two weeks, and incorporated, a Hospital Association; and it is proposed to connect it with the Homœopathic College, which already has its charter. We have also a free dispensary, open daily to all classes of patients. The city of Oakland, a half-hour's sail across the Bay from San Francisco, has a small but well-regulated hospital, under the management of the ladies of that city. It also has a free dispensary. So you see Homœopathy here is alive and stirring, and though our Society is young, it is strengthening into honorable status.

This winter we have been visited by an epidemic of small-pox, which, though severe, was of short duration. Homœopathy gave its usual beautiful results. To many of your readers there is really less known of the climatology of California than of the foreign health resorts beyond the sea. To every twenty who are sent across the Atlantic in search of health, only one realizes that at the end of an enjoyable rail-road, easy ride, through a succession of beautiful scenic panoramas, there are climates at home that the old world has nothing in comparison with to offer. Italy's "sunny skies" pale before those of California, and its climate is generally disappointing to invalids, compelling them to remain indoors unless the sun be shining. The climate of southern France is subject to dampness and sudden change. I speak from my own experience, when I say that nowhere among the popular health resorts of southern Europe can there be found a climate that compares with the climates of California—for there is variety enough here to suit any individual case. A two-hours' ride from this city will take you into the foot hills of Santa Clara county, into what is called the "warm belt," where the air is a pure and invigorating tonic, the temperature is equable, and the climate dry and stimulating, especially adapted to the needs of the majority of invalids suffering from pulmonary complaints. Vegetation in the foot hills has all the luxuriance of semi-tropical countries, though none of their excessive heat, that is so enervating in its effects. California abounds, too, in mineral springs, of healthful properties to the rheumatic sufferers; indeed, there are climates here adapted to all needs.

I have not space in this article to speak of southern California, which, for general salubrity for the entire year, is probably not surpassed as a region by any of equal extent in the world. However, it is absolutely necessary for the invalid in search of health to secure the location best suited to his individual case; for I believe the reason why so many fail in their anticipations of cure, is that they follow in the wake of others, without a true understanding of their own requirements. In my own case, I found a location especially adapted to my own needs in a place that had but a small local reputation as a health resort.

I have been in this State a year and a half, and relief from incipient pulmonary phthisis was the motive that led my steps this way; and here I have found renewed health and strength that has once more enabled me to take my place among the workers of my profession.

Small wonder that my settled conviction to-day is that California has the finest climate in the world.

I would be very glad to answer any inquiries from the profession in regard to relative benefits of the different locations on this coast for invalids.

C. B. CURRIER, M.D.

MESSESS. EDITORS:—In your February number, I find a letter from Dr. P. R. Bennett, of Urbana, O., in which he writes: "When I read of Hughes . . . discovering errors in Hahnemann's provings, and leaving them unchanged 'out of reverence for the father of medicine,' I was simply disgusted." May I ask Dr. Bennett where he has "read" this? I do not know myself by the description. If it applies to my friend Dr. Allen's "Encyclopedia," the responsibility for retaining the symptoms I have bracketed as untrustworthy is his, not mine. I would far rather have expunged them, as I have said in the preface. I am, gentlemen,

Yours very faithfully,

RICHARD HUGHES, M.D.

MESSESS. EDITORS:—I cannot refrain from writing to express my unqualified approbation of your "leader" in the March number of the TIMES. Never was the sentiment of the great mass of intelligent homœopaths so well voiced. Never will sentiment meet with more jubilant endorsement at the hands of Rational Homœopathy—Hahnemann's Homœopathy—so long kept in terror by the fish-wifely railing of the "Altitismists." Carroll Dunham was on the skirmish line of freedom of medical opinion. The TIMES has stormed the camp of the Dynamites. Long live the TIMES!

Fraternally and *en jubilata*,

H. W. TAYLOR.

THE TWO FACTIONS.

By H. W. TAYLOR, M.D., TERRE HAUTE, IND.

MY DEAR E. N. E.:—You say truly, that you and I are not so far apart in belief as you had supposed. Let me add that we are not so far apart upon vital points in homœopathic doctrine as either of us had supposed.

You put the point of disagreement at two, viz.: your belief in three factions in our school against my belief in but two factions. And your belief in the 30th dilution against my belief in those triturations and dilutions in which the microscope, the spectroscope and the test tube yet discover *constantly* a trace of drug matter. If the whole profession, including the altitismists would accept your definition of the term "dynamic," then should I be willing to give it hearty endorsement. As a word in the abstract it is as good as another. But you are well aware that the altitismists put a wholly different interpretation upon the word "dynamic." To the "International" it means "most powerful," "supernaturally powerful," etc. With such a meaning stamped upon the word, I reject it. Hahnemann attached no such meaning to the word. By the term "dynamization" he meant that process of trituration and dilution of drugs and substances which, as to the former, removed them out of the class of *toxicants*, and as to the latter, removed them out of the class of *inertia*. To Hahnemann's mind it was that "awakening of the true medicinal properties" of these substances, that he christened "dynamization." In the case of powerful poisons like *strychnia*, *Nuxvomica* and *Arsenicum* the "force" that these drugs exert upon the organism is *lessened* by this "dynamization." In the case of *Carbo vegetabilis*, insoluble and unassimilable in the mass, and hence wholly inert, the inertia is removed by trituration in accordance with the well-known physiological law that particles cannot get into the lymph current until they shall have been reduced to those microscopic dimensions that enable them to pass into the infinitesimal mouths of the *Becherzellen* of Schulze. Here, again, we have that "real wakening of the medi-

cinal property" to which Hahnemann so distinctly and frequently refers. The "Becherzellen" had not been seen in Hahnemann's day. But the great reasoning powers of that grandest man of modern times, enabled him to outstrip the microscope by a quarter of a century. And the word with which he prefigured the passage of the infinitesimal mass of *Carbo vegetabilis* through the "Becherzellen" was and is "dynamization." In this sense—in the Hahnemannian sense—we are all dynamizationists. In the "International" sense, neither you nor I are dynamizationists.

No "materialist" rejects the 30th dilution in toto. We hold that *sometimes* a little drug matter may yet remain in the 30th. Nay, as a purely fortuitous circumstance the 30th may contain one decillionth of the amount originally contained in the 1st decimal. But has not the microscope proven that subdivision does not go on progressively? Can you, my dear Doctor, maintain that the proportion, or the ratio, holds? My belief (which is that of all Low Dilutionists) is that the 30th *sometimes* (but rarely) contain drug matter. And when they happen to contain drug matter, "they act at all times upon every individual," in the words of Hahnemann.

But we know that the whole range from the first to the 9th decimal constantly contain drug matter; and will always act "provided the dose be powerful enough to cause, within the first few hours after its administration, a distinct aggravation of the symptoms." This is after Hahnemann. This is Materialism as you term it. This is Low Dilutionism. This is the platform upon which you and I and all who reject the "spirit" as in contradistinction to the "matter" of the drug, must stand till the crack of doom.

Let me here reiterate a former statement that the old metaphysical question of the possibility of infinite divisibility of matter is preposterous and useless. It is not worthy of modern discussion. Prof. Josiah Cook disposes of it in these terse words:

"That a molecule or an atom might be broken again is possible—if a hand and a hammer could be gotten sufficiently small to break them with. That such hand and hammer are not possible is sufficient reason for ignoring the question of infinite divisibility of matter." See Cook's New Chemistry.

"And for further answer," as the lawyers say, let me quote from a recent letter from one who is in the front rank of American Homœopathic writers, thinkers and practitioners.

"I must congratulate you upon the point and good spirit of your discussion with 'E. N. E.' of Baltimore. He is evidently a man of education and culture, and is thoroughly honest in his convictions. But he seems to misapprehend your position upon the classification of Homœopaths. In his last reply to you in March No. of TIMES, he frankly discards and disowns the 'fluxion potency' nonsense, and declares himself in favor of friction triturations after the pharmacy of Hahnemann from the mother tincture to the 30th. Please ask him whether he refers to the 30th decimal?"

"You are right in maintaining that homœopaths are divided into two classes, viz.: those who believe that there must be some *drug matter* in the dose in order to insure *drug power*, and those who believe that *drug matter* and *drug power* cannot exist together, and that the *drug spirit* must be divorced from the body of the drug before it can display its greatest power. These latter believe too, that the 'spirit' of the drug after being released from the body performs a veritable transmigration of souls and occupies the bodies of pellets, sugar of milk, alcohol and water, and can be kept in bottles, boxes and papers for years and years without retrogradation and ready for effective service.

"The former class discard the use of attenuations carried so far as to preclude the possibility of the presence of drug matter. The latter cry 'Higher! every year higher!' and go on with bottle washing to infinity,

believing that the more the *drug matter* is washed away, the more the *drug spirit* is developed.

"In the first class all are not agreed as to the limit of attenuation to which it is advisable to carry triturations; and how far up the scale of attenuation we may proceed before a point is reached when there will not be a molecule of drug matter in the mass. And, in the second class, all are not agreed as to the persistence of the 'dynamic power' through endless fluxions.

"The first class, however, believe that the doses they employ, contain both *drug matter* and *drug force*. The 'dynamic property,' the active 'principle,' the 'spirit,' (if you please) of medicine is not undervalued by them, but held in a higher esteem in the demand for the material presence of the drug.

"In the second class all energies seem bent to get rid of drug matter. Do not the Altissimists run great risk of total loss of drug spirit in the insane attempt to wash away the body which they conceive holds it?"

"Thus in neither class are all the members agreed upon minor points. While upon the two chief tenets—the presence of drug matter on the one hand and the absence of drug matter on the other hand, all are agreed. Thus there are the two classes—the believers in drug matter, and the disbelievers in drug matter.

"Hence, your distinctions and classifications are just and proper. There are two great classes—one of *Materialists* and one of *Spiritualists*. One demanding both matter and 'spirit'—the other contending for spirit alone. There is no middle ground. While your Baltimore adversary is really in the first class he seems to me to be in dread of the term 'Materialist.' He is too well-informed to be a medical dynamist in the spiritual sense."

HAHNEMANN'S LAW OF DOSE.

By A. McNEIL, M.D., NEW ALBANY, IND.

"It is a curious fact, illustrative of the human propensity, to refuse to see and hear that which it desires not to see and hear, that it is almost universally conceded that Hahnemann laid down no rules for the *quantity* of the drug—established no law of dose. And it is an equally curious fact that upon no other point was Hahnemann more clear, emphatic, and explicit than upon that point which constitutes his law of dose. Upon no other point is he so wont to indulge in tautology. It seems that he was pervaded with the fear that his law of dose would be in the future subjected to critical tests and to varying decisions. Therefore it became an all important matter to lay down this law in plain words, to refer to it frequently, and to reiterate it on all proper occasions.

"That law itself is couched in terms so plain, so forcible, so incapable of misconstruction, that, despairing of being able to extract a double or doubtful meaning from the language, our wranglers of posology have, by common consent, evaded and ignored it altogether."

I find these paragraphs heading an article on the 284th page, Vol. VIII., of the HOMŒOPATHIC TIMES. I will not state the thoughts that arose in my mind on reading these words, but will, at the risk of making this article very long, quote Hahnemann's words in every case in which he refers to this question of dose as regards administration to the sick in order to cure them. Permit me to state that the quotations made by the writer of the above mentioned article are distorted from their obvious meaning.

I will begin with Hahnemann's Organon, 4th American edition, p. 30, Introduction: "Even a stomach overloaded with indigestible food *never* requires a medicinal emetic." On the next page he says, in speaking of the effects of this overloading: "The pains cease of themselves when their dynamic cause is attacked by an extremely small dose of dilute *Sulphuric acid*, or with another antispasmodic remedy, homœopathic with the various symptoms." On p. 82 of the Introduction, in speaking of the treatment of inflammations, he says how they

may be cured. "Such, for example, as a globule of sugar impregnated with the juice of *Aconite* of the decilienth (30th) degree of dilution." On the 36th page of the Introduction he says: "The most firmly rooted syphilis, when the psoric affection with which it is often complicated has been removed, may be cured by one or two small doses of a solution of *Mercury*, diluted to the decilienth potency." On the 38th page he says, in speaking of tape-worm: "That often the smallest dose of tincture [Hahnemann often says tincture when the context shows clearly that he means the 30th potency.] of male fern-root (*Filix mas*) speedily effects their eradication in a homœopathic manner, because it puts an end to that part of the malady occasioned by the disturbed state of the animal."

On the 130th page of the Organon he prescribes large doses, in cases of poisoning, as antidotes. In Sec. 160 he says: "As a homœopathic dose, however, can scarcely ever be made so small as not to amend, and, indeed, perfectly cure and destroy the undisturbed natural disease analogous to it, and of recent origin, it may be readily conceived wherefore a suitable homœopathic remedy, if not given in the very smallest dose, should always occasion, in the first hour after its administration, a remarkable homœopathic aggravation of this nature." In the foot-note to Sec. 188 he says, after speaking of depressed sensibility: "In a case of this nature, *Opium* (in a high potency) will remove the torpor." In Sec. 221 he says: "*Aconite*, *Belladonna*, *Hyoscyamus*, *Mercury*, etc., in highly developed minute doses, in order to allay it sufficiently." In Sec. 242: "The disease at present to be combated has degenerated into a psoric intermittent, which is generally overcome by means of a minute dose, seldom repeated, of *Sulphur* and *Hepar sulphuris*, of the highest developments." In Sec. 244 he says: "But one or two of the smallest doses of a solution of *Cinchona*, attenuated in a very high degree," etc. In the foot-note to Sec. 246 he says: "I say the smallest dose, since it will stand good as a homœopathic rule of cure, refutable by no experience whatever, that the best dose of the rightly-selected medicine is ever the smallest, and in one of the higher developments (X) [30], for chronic as well as acute diseases—a truth which is the invaluable property of pure homœopathy, and which, so long as allopathy (and what is but little short of it—the practice of the new mongrel sect, consisting in a combination of allopathy and homœopathy) continues to gnaw like a cancer, on the vitals of diseased beings, and to destroy them with large doses of medicine, will separate these pretended arts by an immeasurable gulf from homœopathy."

How does my friend like his picture as drawn by the old master? In the same foot-note he further says: "I perceived that, in order to discover the true medium path, it is necessary to be guided by the nature of the different medicines, as well as the bodily constitution of the patient, and the magnitude of his disease. Let us give an example in the use of *Sulphur* in chronic (psoric) diseases. The most subtle dose of this remedy (tinct. *Sulph.* X^o) i. e., 30th, even in robust persons with developed psora, can seldom be advantageously repeated oftener than every seven days, and the interval is to be proportionally prolonged, when a more feeble and irritable patient of this kind is to be treated, to nine, twelve, or fourteen days, before the repetition of a similar dose; but it is then to be repeated again and again as long as the same remedy continues to be serviceable. It is found (to continue the example of *Sulphur*) that, in psoric diseases, seldom less than four, often six or eight, or even ten such doses (tinct. *Sulph.* X^o) are requisite for the complete destruction of that portion of the chronic disease which *Sulphur* is capable of removing, to be administered in the aforesaid intervals—provided there has been no previous allopathic abuse of that medicine. Thus a (primary) psoric eruption of recent origin in a person not too much weakened, even when it may have extended over the whole body, can be thoroughly cured by

means of a dose of *Sulphur* repeated every seven days within the space of ten or twelve weeks (with ten or twelve of such globules), so that it is scarcely necessary as an additional remedy to administer *Carbo veg.* X^o (in like manner given every week)." In this same foot-note he mentions *Nux. com.*, *Puls.*, *Sulph.*, *Hydrarg. met.*, *Phos.*, *Sepia*, *Silicea*, *Hepar sulph.*, all in the X^o or 30th centesimal. He then, in speaking of the treatment of cholera, mentions *Camphor*, *Cuprum*, *Veratrum*, *Phos.*, *Arsenic*, *Carbo veg.*, etc., all, with the exception of *Camphor*, to be used in the 30th; and mark it well in the treatment of Asiatic cholera. He then mentions *Mercury* X as being sufficient to cure syphilis, and then in certain cases recommends the administration of the 30th by *affaction*. In a foot-note to Sec. 249 he says: "All experience teaches us that scarcely any homœopathic medicine can be prepared in too minute a dose to produce a perceptible benefit in a disease to which it is adapted (Sec. 161, 279). Hence it would be an improper and injurious practice, when the medicine produces no good effect, or an inconsiderable exacerbation of the symptoms, after the manner of the Old School to repeat or increase the dose, under the idea that it cannot prove serviceable on account of its minuteness."

That Hahnemann did not, in the latter part of his life, return to large doses, is shown clearly by the foot-note on page 208 of the Organon.

In the foot-note to Sec. 260 he expresses himself in the most unequivocal manner to the same purport.

In Sec. 270 he gives directions how to prepare the potencies, and says the process is to be carried up to the 30th.

In the foot-note on the same page he says: "Homœopathic dynamizations are real awakenings of the medicinal properties that lie dormant in natural bodies during their crude state, which then become capable of acting in almost a spiritual manner upon our life—that is to say, on our percipient (sensible) and excitable (irritable) fibers. These developments of properties (dynamizations) in crude medicinal substances, which were unknown before my time, are accomplished, as I first taught, by the trituration of dry substances in a mortar, but by a succussion of liquid substances, which is nothing less than a trituration of them. These preparations, therefore, cannot have the term 'dilutions' applied to them, although every preparation of the sort, in order to potentize it higher—that is to say, in order to awaken and develop still farther the medicinal properties that still lie latent in it—must first be again more attenuated, to allow the trituration or succussion to penetrate more deeply into the essential nature of the medicinal substance, and thus to liberate and bring to light the more subtle part of the medicinal power that still lies deeper, which were impossible to be affected by the greatest amount of trituration and succussion of substances in a concentrated state."

The author in question has been reading out of the school all "dynamizationists;" he will have to begin with Hahnemann. In the same foot-note he recommends the 15th potency.

In the foot-note to Sec. 276 Hahnemann says: "The praise bestowed, of late years, by some few homœopaths, on the larger doses, depends on this: that they chose low dynamizations of the medicine to be administered, as I myself used to do twenty years ago, from not knowing any better, or that the medicines selected were not perfectly homœopathic."

In Sec. 275 he says: "The suitability of a medicine to any given case of disease does not depend solely upon the circumstance of its being perfectly homœopathic, but also upon the minute quantity of the dose in which it is administered. If too strong a dose of the remedy that is even entirely homœopathic, be given, it will infallibly injure the patient, though the medicinal substance be of ever so salutary a nature; the impression it makes is felt more sensibly, because, in virtue of its homœopathic character, the remedy acts precisely on

those parts of the organism which have already been most exposed to the attacks of the natural disease."

In Sec. 279 he says: "The dose of the homœopathic remedy can never be sufficiently small as to be inferior to the power of the natural disease, which it can, at least partially, extinguish and cure, provided it be capable of producing only a small increase of symptoms immediately after it is administered."

In Sec. 280 he says: "This incontrovertible axiom, founded upon experience, will serve as a rule by which the doses of all homœopathic medicines, without exception, are to be attenuated to such a degree that after being introduced into the body they shall merely produce an almost insensible aggravation of the disease."

In the foot-note to Sec. 287 he says: "The higher the dilutions of a medicine are carried in the process of developing its power, by means of twice shaking, the more rapidly and with the more penetrating influence to affect medicinally the vital power, and produce changes in the economy with an energy but little diminished, even if the process of dilution be carried to a great extent; for instance, instead of the ordinary dilution X (30), (which is mostly sufficient), it be carried up to XX, L, C, and even higher dilutions."

I have merely given so far the cases in which Hahnemann gave or recommended medicine in the Organon. As I must have tired my readers, I will only give a synopsis of the mention made in the *Materia Medica Pura* by Hahnemann. These are in the centesimal scale. He says *Aconite* should be administered in the 30th; *Ambr* in the 3d; *Angustura* in the 30th; *Argentum* in the 9th; *Arnica* in the 30th; *Aurum Eur.* in the 9th; *Belladonna* in the 30th; *Coffea* in the 3d; *Bismuth* in the 2d; *Bryonia* in the 30th; *Cannabis sat.* in the 30th; *Capicum* in the 18th; *Chamomilla* in the 3d, but he says in many cases it acts too powerfully; *Cinchona* in the 12th; *Cicuta virosa* in the 30th; *Cina* in the 30th; *Cyclamen* in the 3d, but in many cases he says it is too powerful; *Drosera* in the 30th; *Euphrasia*, a small portion of a drop of the tincture; *Hyoscyamus* in the 12th; *Ignatia* in the 9th or 12th; *Ipecac* in the 3d, but he says, "in many cases it ought to be much smaller;" *Ledum* in the 15th; *Menyanthes*, the smallest portion of a drop of the tincture; *Mercurius* in the 30th; *Moschus* in the 30th; *Oleander* in the 5th or higher; *Opium* in the 30th; *Pulsatilla* in the 16th; *Rheum* in the 9th; *Rhus tox.* in the 30th; *Ruta* in the 2d; *Sambus*, a small portion of a drop of the tincture; *Spigelia* in the 30th; *Spongia* in the 30th; *Staphisagria* in the 30th; *Stramonium* in the 9th; *Teracium*, one drop of the tincture; *Thuja* in the 60th; *Veratrum* in the 12th.

Here we see how Hahnemann learned by experience. At first his doses were comparatively crude, but as he grew older, as he expressed himself above, he went higher and higher.

We will turn to the "Chronic Diseases," which was written after experience, observation, and thought had crystallized into a system. We see that he is more pronounced in favor of the high potencies. On the 10th page he says: "The power of small and highly diluted doses was doubted; their greater fitness for effecting a homœopathic cure and the higher development of their dynamic action were overlooked; and despite of the warning trials which enabled me to recommend small doses as the most appropriate for the cure of disease, my faithful assurances were disdained, and medical men continued for years to jeopardize the lives of their patients by large doses, and were therefore deprived of an opportunity of witnessing the happy results of the homœopathic treatment, as was indeed my own case before I had adopted the rule of administering small doses."

On page 112 he says, in speaking of the remedies for gonorrhœa: "The highest preparations of these remedies should always be used."

On the same page he says: "Both the gonorrhœa and the excrescences of syphilis are cured in the most thorough and durable manner by the internal administration of

a few globules of the decillion (30th) preparation of *Thuja*." In a foot-note to the above he says: "If other doses of *Thuja* be required, the inferior potencies of it may then be used." (VIII., VI., IV., II.)

On the 119th page he says: "Formerly I was in the habit of using successfully, one, two, or three globules of the billionth degree (5th) for the cure of syphilis. The higher degrees, however, even the decillionth (30th) degree, act more speedily, more thoroughly, and more mildly."

On the 151st page he warns against the danger of too large doses.

On the 152d page he says: "Nothing is lost by giving even smaller doses than those which I have indicated (30th). The doses can scarcely be too much reduced, provided the effects of the remedy are not disturbed by improper food."

On the 156th page he says: "If physicians do not carefully practice what I teach, let them not boast of being my followers, and, above all, let them not expect to be successful in their treatment."

Now, Doctor, haul down your false colors.

On the 161st page he says: "If the 30th degree have been chosen first, the 18th may be used next; then the 24th; after this the 12th, or 6th," etc.

On the 162d page he prescribes several remedies, all in the 30th.

On the 163d page he recommends olfaction of the highest potencies.

On the 176th page he says, in speaking of the diseases of pregnancy: "This should be a warning to the physician to reduce his dose as much as possible, and to employ only the highest potencies."

I have gone through all but the "Lesser Writings" of Hahnemann's works, and given all his directions as to the dose in cases demanding medical preparations. I know that the repetition and tautology has been tiresome to my readers, but I will trespass further on their patience by asking them to re-read the two paragraphs I quoted for my introduction.

SOCIETY REPORTS.

HOMŒOPATHIC MEDICAL SOCIETY OF THE COUNTY OF NEW YORK.

NEW YORK, Mar. 16, 1881.

A special meeting was held at the Ophthalmic Hospital this evening, 32 members being present, and Henry D. Paine, M. D., in the chair.

The minutes of the last meeting were read and approved.

Dr. S. H. Veshlage, of 143 East 18th street, and Charles C. Schlick, of 143d street, were nominated for membership.

J. H. McDougal, M. D., read the following note of a case occurring in his practice:—

Mrs. A. E. C., aged about 31 years, married and a mother, has been from childhood subject to occasional attacks of a peculiar nature, the symptoms of which, so far as I remember, are as follows. They generally begin before rising in the morning with a feeling of prostration, usually accompanied by nausea, faintness, salivation, hawking and spitting large quantities of mucus; and when breakfast time arrives she has no appetite for it, and if she attempts to eat is unable to swallow a morsel. In a few minutes one of the sublingual glands (of right side) swells to a considerable size, throbs, and feels as though suppuration is about to commence. At this stage she is usually obliged to return to her bed. In years gone by the anterior portion of the neck on the right side would swell up almost on a line with the lower jaw, the pain would be intense, depriving her of sleep; when, to get relief, she would apply poultices, which in time would cause the gland to suppurate, burst

and discharge internally; when the acute pain would cease. These attacks have lasted as long as two weeks. Some time ago I succeeded in modifying the attacks by the administration of *Belladonna*, *Mercurius* and *Hepar Sulphur* singly, as they seemed indicated by the symptoms. Upon a closer study of the case I found that *Hepar Sulphur* was the remedy, one or two doses of which in the 30th or 300th potency will suffice to check the progress of the disease and render her convalescent in a few hours. She has not been radically cured, but so great is the power of this remedy that she may be confined to her bed in the morning and in the afternoon be able to go shopping, or in the evening go to some place of amusement. She is very sensitive to this remedy, and after taking an overdose has been attacked with a sensation of needles pricking the skin, and also a characteristic headache, which lasted about two days; However, the swelling of the gland subsided about as soon as usual. Diagnosis: Ranula, or Frog, according to some of the older anatomists, because it resembled the belly of a frog.

The secretary read notes of the two following cases, reported by C. F. Oertel, M.D.

(1) On Dec. 20, 1880, a boy was born with a small empty bag at the occipital bone, one inch below the posterior fontanel. The bag looked like a young chicken's bill and was transparent. On the third day it began to fill up with fluid and gradually grew in size till the end of the first week, when the sac was over four inches in length and of considerable thickness. At the beginning of the second week, the attending physician called five others in consultation, who diagnosed the case as one of spina bifida. On the day following this consultation the attending physician extracted two ounces of yellowish fluid from the sac. The sac filled again and at the beginning of the third week two and a half ounces more of the same substance were taken from it. Other physicians were then consulted, who agreed that there was an opening in the skull, and that brain matter escaped thence into the sac. The attending physician bandaged the tumor crosswise tight to the head and injected two drachms of tincture of *Iodine*, and two days afterwards repeated the operation with one and a half drachms, declaring that he could do no more for the child. At the request of the parents Dr. Oertel took charge of the case. He first secured a photograph of the child's head (which was exhibited to the members of the society present). He next carefully probed the skull through the tumor several times, and not discovering any opening in the skull, he tied the tumor with a white silk thread. The tumor diminished somewhat in bulk and became harder. As this process went on, the child's head became larger. On Jan. 21st, it measured 12 inches round the occipital and frontal bone; on Jan. 26th, it measured 14½ inches; on Feb. 6th, the day previous to the child's death, it measured 16½ inches. The Fontanels were widened and the skull was very soft. The tumor grew darker and darker from the time the *Iodine* was injected, and burst on the right side a few days before the child's death. Dr. Oertel divided the tumor by a large incision from behind, in order to ascertain its contents. There was no discharge whatever. The tumor was like rotten, decomposed animal matter, with a most offensive sickening odor. The child never cried during its life, and never manifested any sign of sensitiveness on pressure upon the tumor or when incision was made into it. He was taken with convulsions on the first day of February, and died in that condition on the next evening. Dr. Oertel diagnosed the case as fungus cerebri, and was of opinion that the tumor became a hardened mass from the effect of the *Iodine* injected and that the head enlarged in consequence of effusion of serum in the substance of the brain and ventricles. A post-mortem examination was not permitted.

(2) John Frohlich, aged 50, a printer by trade, came to Dr. Oertel and stated his case as follows: He had suffered from bleeding hemorrhoids for twenty years, prob-

ably an inheritance from his father; had been troubled at intervals for eight years with cramps in his right hand, perhaps the result of close confinement to business; and for five years had been subject to Hæmaturia, for which he could suggest no cause. He had been under the care of several allopathic physicians in succession, had gone south, thinking he might possibly derive benefit from a change of climate, had been in the hospital of Savannah for ten weeks, had next been under the care of the physicians of the German Hospital of New York City for eight weeks, had been under treatment for two months in St. Luke's Hospital, and had been in the New York hospital for two months longer. According to his statement he received no relief from any of this treatment. He was never free from hæmaturia in spite of fly blisters, irritating ointments, injections of Tannin, etc. Urinating was extremely painful; the secretion was voided in drops and he passed from his urethra thick, coagulated blood from one to two inches in length and as thick as a lead pencil, causing excruciating pain. In consequence of the loss of blood he was very much debilitated, so that walking was extremely difficult, and it was only with the greatest effort that he could get up stairs; his body was emaciated, feeble and trembling; his complexion yellow, and his face expressive of long illness and torture. In this condition he came to Dr. Oertel. His treatment began with the administration of *Cantharis*, a powder of the 30th trituration, morning and night for two weeks. Under its influence the pressing, cutting, violent pains to which the patient had been subject, disappeared to a great extent. Afterwards *Terebinthina*, *Senecio*, *Mezereum*, *Millefolium*, *Nitric Acid*, *Coccus Cacti*, *Phosph.*, *Sulph.*, *Hydrast.*, etc., were used. The patient gradually improved till he was entirely free from pain for weeks at a time. After this degree of success had been attained he was kept under treatment for four months longer. After that period he made no complaints in regard to the Hæmaturia, the hæmorrhoids were not so profuse, the cramps in the hand were easier, his appetite was good, the urine clear, normal in quantity and unmixed with blood, he had no pain, slept well, was able to walk all day and was cheerful.

Henry von Musits, M. D., read a paper on "Gnaphalium Pol." in sciatica and neuralgia cruralis. About three months ago a man, aged 43 came to him complaining of a severe sciatica on the left side. About fifteen years ago he had had the same trouble on the right side, lasting for two years, without the slightest improvement in spite of old school treatment, consisting of subcutaneous injections of *Morphia*, applications of Croton Oil externally, *Mercury* internally, hot baths, etc., but yielding in about two months to treatment by the hydropathic system of prissnitz. When he came to Dr. von Musits he suffered from a numb, burning pain along the crural nerve in front of the left thigh, down on the inner portion of the knee, and along the sciatic nerve. Walking was almost impossible, and any exercise on foot excessively fatiguing. At night there were frequent cramps in the calves of his legs, turning in bed was impossible, his appetite was diminished, and his temper was very irritable. The symptoms were identical with those he had experienced fifteen years before, when the disease had attacked the right side. Dr. von Musits treated him as follows and with the following results. With regard to the burning, numb pain in front of the left thigh *Asa-fetida* was prescribed, with no effect. Next morning there was an increase of the pain and other symptoms. *Aurum* was prescribed for two days with regard to the severe pain in the sciatic nerve. There was no benefit from it. On the fourth day *Gnaphalium Polycephalum* was prescribed, 6 cent., every three hours a powder dry on the tongue. On the fifth day there was decided relief. *Gnaphalium Pol.* was again prescribed, a powder morning, noon and night. On the sixth day the pain had almost disappeared, and the same prescription was given. On the seventh day there was no more pain, walking and motion were perfectly free, but some numbness remained.

For the five days following *Gnaphalium* 12, was prescribed, a powder dry every morning. The patient's appetite returned, there has been no more cramps or pain since, and he is perfectly well.

Dr. von Musits read a note on the following case. Mrs. C., aged 39, mother of five children, had had varicose ulcers on both legs for thirteen years. Under treatment the ulcers had healed and broken out again, but were never entirely cured. Last summer Dr. von Musits saw her for the first time. At that time she had an ulcer on her left leg, which was closed in six weeks by bandaging and internal treatment. Last November he was called to see the patient again. He found both legs very much swollen, considerable oedema, the left leg bluish, ulcers of the size of quarter dollars on each leg, severe itching around the edges of the ulcers, not much pain and very little discharge. He prescribed *Lachesis* 300 for a week and *Arsenic* 30 for another week. This stopped the itching and gradually healing took place. On the night of Jan. 31st, the patient gave birth to a large, healthy boy, and an hour after the confinement her left leg began suddenly to swell and to ache intensely. When Dr. von Musits visited her in the morning he found her leg swollen from the knee down to the tip of the toes to a deformed mass and of a dark red color and shining surface. He prescribed *Rhus* 300, a dose every hour. In the evening small vesicles appeared on the surface of the swelling. The *Rhus* was continued. During the night she had intense pain and on the morning of Feb. 2d the swelling was much increased, the vesicles larger, and on opening them they discharged fluid. On Feb. 3d there was very little change. The *Rhus* was continued. On Feb. 4th the color of the swelling changed to a very dark bluish red. *Lachesis* 300 in water, a teaspoonful every hour, was prescribed, and *Arsenic* 30 three times a day. On Feb. 5th the pulse was 120 and very weak, and the temperature 104. The consulting physician pronounced the case a very serious one and thought amputation would probably be necessary. The *Lachesis* and *Arsenic* were continued during this day and on the 6th, 7th, 8th, 9th, 10th and 11th of the month. During this time the swelling and discoloration were gradually disappearing, but the pain at night was still very intense. On the 12th, in consequence of the intense pain the patient wanted the leg amputated, if there could be relief in no other way. It was very sensitive to touch and the parts were soft. The pulse was 100 and the temperature 100½. *Silicea* 6 in water, a teaspoonful every hour, and *Arsenic* dry three times a day were prescribed. During the night the patient felt moisture coming from the sore leg, after which she had refreshing sleep, from which she waked bathed in perspiration. The leg broke in two places, and a third place which was filled with pus had to be opened with the lancet. A profuse discharge of healthy pus took place for several days. *Silicea* and *Arsenic* were continued for eight days, and there was steady improvement from day to day. In the following week *Sulphur* 30 three times a day for three days was given; and from Feb. 23d to the present time *Silicea* 30 morning and night. The patient now feels well, is out of bed, and is able to walk a little about the room.

S. Lillenthal, M. D., read notes on a case of lymphosarcoma of the neck, and of a case of ascites chylosus, the full text of which will appear in the *N. A. J. of Homoeopathy*. Adjourned.

F. H. BOYNTON, M. D. Secretary.

STATE HOMOEOPATHIC MED. SOCIETY.

The Thirtieth Annual Session of this Society was held at Albany on the 8th and 9th of Feb., President A. R. Wright in the chair, who delivered a brief address of welcome.

Drs. W. Hanford White, Joseph Finch, Wm. M. Butler, J. S. Phillips, J. J. Peckham, Isaac Miller, E. W.

Bryan, B. F. Williamson, H. M. Dayfoot, A. B. Rice, and F. Park Lewis, were elected permanent members.

Drs. J. P. Dake, W. L. Breyfogle, Sam'l Potter, F. D. Durkee, J. C. Budlong, and J. H. Gallinger, were elected honorary members.

Dr. Dowling briefly described the system of examination pursued at the N. Y. Hom. Med. College, and argued in favor of a National Board of Examiners, and of increasing the time of study to five years.

The afternoon session was devoted to the Bureau of Mat. Med., from which the Chairman, Dr. J. J. Mitchell, reported several interesting papers, including his own, entitled "The Experiment of Allopathic Homoeopathy," which was attentively listened to. Dr. T. L. Brown was elected Chairman for the ensuing year.

The Treasurer reported receipts for the past year, \$615.08; expenditures, \$527.10, leaving a balance of \$87.98.

Dr. F. Park Lewis, from the committee appointed to memorialize the Legislature upon the subject of tests for color blindness, presented a report, with the following memorial:

To the Honorable the Assembly of the State of New York:

"Your petitioners, the Homoeopathic Medical Society of the State of New York, beg leave to bring before your honorable body the necessity of the enactment of laws providing for an examination of the visual acuity and color perception of all railway employes in this State whose duties require a differentiation of the usual color signals. The necessity of protecting the traveling public by such legislative enactments has been demonstrated by extensive tests made both in this country and in Europe when a total inability to distinguish certain colors—notably red and green—was shown to exist in about four per cent. of all the males examined.

"When the importance of readily distinguishing between the ordinary signals by locomotive engineers or firemen, train conductors or brakemen, station agents, switchmen, flagmen, gate tenders or signal men, is remembered, the dangers arising from this optical defect will be apparent.

"Your petitioners, therefore, pray that by legal provision, examiners shall be appointed, and by them uniform tests be made in such manner as your honorable body shall direct, upon all locomotive engineers and other railway employes mentioned, now engaged upon railroads in this State, and that only such be retained as can present from such examinations a certificate of visual acuity and good color perception, and that all applicants for any of the positions named, shall present such certificate before they shall be employed, and that such examinations shall be made at such stated times as your honorable body shall direct. That we further urge that such examinations be made by experts."

On motion, the report was received and the committee was retained and instructed to present the memorial to the Legislature.

Dr. J. W. Dowling, from the special bureau of physical diagnosis, addressed the convention upon organic diseases of the heart and exhibited several pathological specimens.

The Secretary, Dr. H. L. Waldo, read "clinical notes," by Dr. J. C. Morgan, and "some new observations on peptones," by Dr. H. D. Paine; erysipelas, by Dr. R. C. Moffat; regimen for the sick, by Dr. H. N. Guernsey.

Dr. T. L. Brown, of Binghamton, read a paper entitled "What Cures and who Knows?"

Dr. Delavan, of the State Board of Health, read a paper explaining the method pursued by that body in the matter of obtaining vital statistics; its study of prevailing and epidemic diseases; and its investigation and abatement of nuisances, etc.

Dr. Alfred K. Hills, offered the following resolutions, which were adopted:

Resolved, That we have listened with pleasure to the report of the doings of the State Board of Health, as

presented by Dr. Delavan, and we hereby express our confidence in and co-operation with said board.

Resolved, that the members of this society be urged to contribute to its support by every means in their power.

Dr. S. H. Talcott, from the bureau of mental and nervous diseases, read a paper on "circular mania," by Dr. W. M. Butler of Middletown.

Dr. C. S. Kinney read a paper on "Acute Delirious Mania."

Dr. Talcott also read a paper entitled "Restraint, or Non-Restraint in the Treatment of the Insane." The paper argued for "Individualization of restraint," as practiced in the Middletown asylum for the insane.

After discussion as to the admission of a representative from a society in Tompkins county, the convention adjourned to meet in the Assembly chamber at eight o'clock, to listen to the annual address of the president.

EVENING SESSION.

At the appointed hour the convention met in the Assembly chamber.

The president, Dr. A. R. Wright, of Buffalo, delivered his annual address, which was an able and interesting document. It treated of the heredity of insanity, idiocy and alcoholism, and urged that the State, through its charity boards, prison associations, and otherwise, should take measures to prevent the perpetuation of these taints by prohibiting the intermarriage and intercourse of persons so afflicted in public institutions.

A vote of thanks was tendered to the president, after which Dr. S. H. Talcott read a paper on "The Insane Diathesis."

SECOND DAY'S PROCEEDINGS.

The Society met at the usual hour, President Wright in the chair. The first business in order was the election of officers for the ensuing year, and the result was as follows:

President—Dr. S. H. Talcott, of Middletown. First Vice-President—Dr. J. J. Mitchell, of Newburgh. Second Vice-President—Dr. A. J. Franz, of Geneva. Third Vice-President—Dr. E. W. Peer, of Rochester. Recording Secretary—Dr. A. P. Hollett, of Havana. Corresponding Secretary—Dr. C. E. Jones, of Albany. Treasurer—Dr. E. S. Coburn, of Troy. Censors—N. D., Drs. A. W. Holden, G. W. Little and L. A. Clark; S. D., Drs. W. M. L. Fiske, Lawrence and J. H. Demarest; M. D., Drs. C. E. Swift, M. O. Terry and Geo. B. Palmer; W. D., Drs. W. B. Kenyon, E. H. Hurd and B. F. Williamson. Regent's degree—Drs. C. T. Harris, E. H. Hurd, H. M. Paine and A. S. Ball.

Dr. C. E. Jones, chairman of the department of Laryngology, read a paper describing an interesting case which had come under his notice.

Dr. Anna C. Howland, reported from the department of Gynecology.

Dr. A. R. Wright was elected Chairman of the bureau of clinical medicine.

Watkin's Glen was selected as the place, and the first Tuesday of Sept. the time, for holding the semi-annual meeting.

BROOKLYN MATERNITY.—The third annual report of this excellent institution shows it to be in a very prosperous condition. During the past year 59 women have been confined in the Maternity, and 104 have received assistance. Of the 59 cases of labor there were no deaths. Sixty children have been in the institution during the year, and 18 admitted as boarders. There were 5 deaths from marasmus, Cholera Infantum, and Meningitis. The New York State Training School for Nurses, connected with the Maternity, conferred its diploma, through Medical Director Garside, upon six nurses, all of whom will find lucrative employment, so popular is the institution among the profession in Brooklyn and elsewhere.

TRANSLATIONS, GLEANINGS, ETC.

TREATMENT OF GLAUCOMA.*

By DR. PAYRE, OF PASSAU.

In the beginning of simple glaucoma with slight presence of the disease but a steady increase of the same, it may be sufficient to remove everything injurious, and thereby obviate all disturbances of the circulation and existing irritations. All occupations which usually strain the eye, such as reading, writing, sewing, etc., must be discontinued; bright light, wind, smoke, dust, irritating vapors, sudden changes of temperature—in fact, everything which may cause an increase in the existing hyperemia and irritate the eye must be strenuously avoided; corporeal and mental exertions, as well as the uses of beer, wine, and spiritous liquors, coffee and tea, are not to be allowed. An easily-digestible diet which requires little mastication, therefore vegetables and not highly-seasoned food, are to be preferred, while overloading the stomach is especially to be avoided; for supper a plate of soup must suffice. Sleeping after dinner is injurious. It is to be strongly recommended that an elevated pillow should be used at night, and all pressure of clothing about the neck be avoided. Cold applications are advisable only in decided cerebral congestions, whilst douches, on account of their peculiar irritating properties, and cold baths, on account of their frequently causing vascular excitement, must be omitted. Mydriatics are to be shunned. In case the violent pains should not yield to our antiphlogistic measures, they must be treated with *morphia*.

If the concomitant congestive conditions are maintained by such constitutional affections as abdominal plethora, heart disease, etc., these conditions must be met therapeutically; but in general I would advise caution in the use of thermal springs, in case the main affection should apparently indicate their use, since cooler, possibly less exciting springs, should undoubtedly have the preference.

That the old school has lost faith in the successful internal treatment of glaucoma, we need hardly assert; and that this faith is also considerably shattered in our own ranks, every one must acknowledge who has much to do with eye affections. The overconfidence that is still found in a few places in our literature, in reference to our remedies, depends mostly on diagnostic errors, and is, on this account, more pardonable—as up to the year 1852 the nature of glaucoma was not known, and the diagnosis was based only on the bottle-green color of the dilated, less often reactionless, pupil, regardless of conditions which, as we have elsewhere mentioned, may manifest similar phenomena. Other diseases were probably confounded with glaucoma, such as amblyopia and amaurosis, and when these were of a purely congestive nature and curable, they were cured as cases of glaucoma.

Ruckert's collected experience confirms this view, and therefore offers nothing satisfactory in any direction for therapeutics of glaucoma. We are of the opinion that the therapeutics of glaucoma would not have been better, even if the nature of glaucoma had been known sooner. If we believe with Donders that glaucoma is a neurosis of the nerves of secretion of the eye, we may certainly believe that a corresponding remedy is not beyond the bounds of a possibility. Notwithstanding this, the difficulty of the task will be confirmed by experience.

The cause of this fact, in our opinion, is that we never get to treat this neurosis in its incipency, but its product. If this would make itself known externally, or manifest reliable subjective signs, as occurs in rare

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cases, such as cerebral congestions, cephalgia, and defective vision, then therapeutics would have at least a condition to attack not altogether hopeless. If, after the well-known insidious nature of the affection, it has long ago produced profound structural changes before the patient is aware of the presence of a pathological condition, the chances are reduced to almost naught. What shall an internal remedy do against cupping of a high degree, with extended changes in the vessels?

For these reasons, it is with difficulty that we can understand the excessive confidence of some practitioners in the remedies to be mentioned, as we never succeeded in curing a case of glaucoma. If our honored colleagues understand the amelioration of an acute attack instead of a cure, then, certainly, we too have cured glaucoma. It does not occur to us to identify this experiment with a cure, as it is well known that in every such outburst, even when in a proportionate degree it rapidly subsides, the eye is nearing its unavoidable destruction. It is very evident that disappointment may intervene if the physician has not permission to control the case to the expiration of the disease.

Out of 161 cases of glaucoma treated, we desire to mention one of recent date: An artist had glaucoma of the right eye for two years, in consequence of myopia of a high degree during his childhood. The demeanor of this patient left nothing to be desired, for he exceeded in conscientiousness the most anxious lying-in woman. Nevertheless, the disease in this length of time did not experience the least improvement, and we admired his perseverance, although the result of self-delusion, which was sustained by the fact of his seeing better and then worse again, according to the conditions of weather and light. Did this happy event occur at a time a change of remedy was made he was overjoyed, and congratulated himself and his physician that at last the desired relief was found. But along with this the excavation from the pressure was continually increasing, and it was only the excentric vision that remained.

Should over-confident or less experienced colleagues lose sight of a patient at such a time, they might believe that they had rendered an essential benefit; whereas, if they had continued their observation, they would have been convinced that their effort was in vain. How ardently we have wished, in the interest of our School, to give evidence to the contrary; but, unfortunately, we have had no medicinal successes, but only operative ones.

In simple glaucoma the therapeutic experiment is fully justifiable, and all have the opportunity to satisfy themselves of the curative action of our remedies. Of these, the most frequently recommended and employed are: *Acon.*, *Bell.*, *Dros.*, *Euphras.*, *Guaiac.*, *Hyos.*, *Lyc.*, *Merc.*, *Nitric acid*, *Nat. m.*, *Phos.*, *Silic.*, *Spig.*, and *Sulph.*

In inflammatory glaucoma it is already hazardous to make therapeutic attempts; in the fulminating it is useless, on account of the rapidity of the course, although here even operative measures seldom prove successful. If we possessed a remedy which could regulate the relations of the circulation of the eye, and compensate for the loss of the elastic ductility of the eye—in short, reduce the diseased heightened intraocular pressure—then we would be in a position to meet satisfactorily the principal indication. Since neither the preparations of *Opium*, according to the old school, nor, according to von Graefe, Coccius, Secondi, and Nagel, the repeated punctures of the anterior chamber, meet these demands, nor the employment of our own remedies, according to present experience, justified; so we must, until better informed, prefer the operation of iridectomy to all other measures. The removal of a portion of the iris is, according to Haaner, Stellwag, Stilling, and Wicker, of secondary importance, and is only done in order to prevent the almost certain prolapsus of the iris.

In order to equalize the inner circulation, which is the important point to be gained in cases of glaucoma, Stellwag recommends that a superficial incision several lines in length should be made through the anterior scleral zone, so that, if possible, a spongy cicatrix layer of cellular tissue may be formed in the hardened sclerotics, and thus a yielding surface be opposed to the intraocular pressure of the bulb capsule.

This view, at the first glance, has much to commend it, since many oculists, by an extended section of the iris, without making at the same time a sufficient incision into the sclerotics, do not attain their object; and Arlt, even after partial absorption, and also after wholly removing the iris, has failed to cure the glaucoma. Nevertheless, this is just as little tenable as the other attempts in explaining the therapeutic value of iridectomy; since it is known that the incision into the sclerotics is much smaller than in the cornea, and that cicatricial tissue is not the most elastic.

We know, in general, that iridectomy only decreases the intraocular pressure, the therapeutic effect of which is by no means explained. In coloboma iridis it is not to be looked for, and, moreover, glaucoma is not found in congenital coloboma. It cannot be in the decrease of the secreting surfaces, as von Graefe first thought, and so it is the increased pressure which we have next to consider.

Bowman's view, that the free communication between the lens and the anterior chamber was the essential factor, is refuted by the fact of the presence of glaucoma in eyes where the lens is congenitally absent.

The most satisfactory explanation is from Donders, who believes glaucoma to be a secretion neurosis of the eye, which is generally a reflex neurosis, induced by the iris, or at least kept up by its subsequent tension. Iridectomy relieves or diminishes this tension of the nerves of the iris, and thereby the reflex neurosis of the secretory nerves. This question involuntarily forces itself upon the careful reader: Can the tension of the iris be considered the continued cause of the glaucoma in the case of the congenitally absent lens?

The fact is, that the excision, to be successful, must be broad and peripheric, without removing the iris directly at the ciliary section, at the same time so much must be removed that, by examination with the ophthalmoscope, the equator of the lens and the ciliary zone can be seen.

In order to mitigate the depending blinding phenomena, the iridectomy is to be made below (Arlt) or above (Bowman), in preference to all other directions.

The effects of the operation of iridectomy are most beautifully shown in the case of an acute inflammatory glaucoma, which is developed in those persons whose functions of sight were formerly intact. In such cases all the accompanying phenomena the cloudiness of the refracting media, the disordered circulation in the retina, and the paralysis of the nerve fibres—the result of pressure—together with the consequent disturbance of sight, are quickly removed by this operation.

Then, the sooner iridectomy is performed in acute cases, or at least the shorter the time of the tissue ulceration, so much more favorable is the prognosis. If the internal treatment of glaucoma would warrant such a success, then we could well save the patient the terror of an operation.

We often succeed with our remedies in quieting the inflammatory manifestations and the accompanying ciliary neurosis, and that without any essential loss of vision; but these cases are exceptional ones, as these inflammatory exacerbations generally go along with considerable decrease of vision, whereby the vision is not seldom reduced to quantitative sensitiveness to light, or the limitation of the field of vision, advances so rapidly that the operation should not be delayed a moment, as it is in such cases, the only antiphlogistic and anodyne.

In the acute or fulminating form of glaucoma, all internal medication is a loss of time, as the rapidly degenerating alterations do not give remedies time to act. If the results of operations are not as a general thing satisfactory, we resort to them in consideration of the circumstances that at least occasional cases retain a tolerably fair vision.

It is usually advisable, in acute glaucoma, to operate at least fourteen days after the first inflammatory attack, if we want to be sure of favorable results. If once considerable limitation of the field of vision is present and the faculty for discriminating qualitative light is extinct, then we can only hope, in exceptional cases, for favorable results, inasmuch as the power of sight is diminished and the field of vision remains limited.

The alterations in the light receiving power are not in the least touched by the operation, since, even in recent cases, the chamber is narrowed, the pupil dilated and not sensitive, and the partial paralysis of the muscles of accommodation makes itself known by the marked increased distance of the reading point.

Later periods of acute glaucoma leave much to be desired in the complete restoration of the functions of the eye. In the meantime, should the excavation be but little developed, and the limitation of the field of vision is slight, we may still expect by means of an operation an increased acuteness of sight, and an extension of the field of vision, especially when the defect of vision is more due to cloudiness of the dioptric media, and the degree of intraocular pressure. Should these conditions be wanting, then, to keep the case in *status quo* is the only thing to be attained, and only in exceptional cases will we have a comparatively favorable result.

An almost extinct sight, or a very limited field of vision to a weak and centric sight, leaves us little hope from the operation, and only cases of a very acute course—as, for instance, those which produce blindness in a few hours, as already mentioned—demand an operation, since von Graefe obtained fair results in such a case.

If blindness should have resulted, then the excessive sensitive ciliary neuralgia would indicate the operation, when relief cannot be had from medicines (*atropa, morphia*), although in the later stages these will not suffice to allay the pain.

In simple glaucoma, in which the disturbance of sight is due to the excavation dependant upon the atrophy of the nerve fibres, iridectomy is seldom indicated. When clearly due to exalted resistance, pressure, excavation, great injection of the anterior perforating veins, slow continuous course and eventual blindness, due to limitation of the field of vision, beginning at the medial periphery, the operation would be injurious. In cases of this kind the aqueous humor is not reproduced for weeks, the chamber remains empty, and hemorrhages, as inevitable results, occur, in consequence of the empty chamber causing disturbance of the circulation. Sometimes the chamber is only partially refilled, and the sense of sight is rapidly lessened (von Graefe, E. Mayer, Mooren). In such cases we believe that the sclerosis of the sclerotic coat is far advanced, and warns us not to use a compress lest we increase the intra-bulb pressure. A favorable result in such cases, as Mauthner experienced, is one of the rarest things, as they always depend upon considerable disturbances in the osmotic conditions of the internal organs, and on well-known material alterations.

In pre-existing excavation, of a high degree, which is easily confounded with pressure excavation, the operation does not harm, and in inflammatory glaucoma, even when, at the time of operating, there is no evidence of inflammatory manifestations, it is self-evident that the operation is beneficial.

In secondary glaucoma, depending on hemorrhage from the retina, operations are always injurious, be-

cause the sight is already impaired by the hemorrhage, and the development of the glaucoma has generally destroyed it. The accompanying ciliary neuralgia will not yield to iridectomy, and thus renders enucleation necessary in order to save the other eye from sympathetic irritation. Instead of enucleation, we can, according to von Graefe, produce artificial suppuration by means of a seton. The favorable issue will be known by the atrophy, and complete tranquility of the eye.

The favorable action of iridectomy is mostly a permanent one, and only in chronic cases and in incomplete operations, the pressure gradually increases and frustrates success. This is especially the case when the iris is not cut sufficiently along the peripheric border, or the incision is too small, or the incised edges are not thoroughly replaced, but become engaged in the wound. In such cases the operation should be repeated, but is best when made in a diametrical opposite direction.

We have previously maintained that iridectomy, in the present position of ophthalmic science, is the most reliable curative remedy, and, in acute cases, is preferred above other remedies; but this assertion must be taken *cum grano salis*. Where there is much light there must also be shadow; as, without it, light would be of no value.

Cases come under observation in which, even if promptly operated upon—but more frequently after a delayed operation—success is prevented, because the atrophy of the nerve fibres at the excavation uninterruptedly continues, they become flatter and assume a cup-shape, and through its tendon-like appearance the beginning of the degeneration of the optic nerve can be observed. According to Liebreich this discoloration of the papilla after iridectomy nearly always occurs; but is only to be considered of unfavorable importance when, with the progressive drying up, the sight also decreases.

In other cases the limitation of the field of vision, after a time, increases by a diminution of the central sight, which eventually is reduced to a small eccentric part, and finally becomes extinct, whereby the process assumes the form of a simple or chronic inflammatory glaucoma.

Even in timely, and *lege artis* operated cases, the inflammatory process is revived, with violent ciliary neurosis, and does not cease until vision is completely destroyed. Mauthner and Berlin saw cases in which, after iridectomy, vision rapidly failed, and in a short time complete blindness supervened.

Where the bulb remains hard after the operation, which, according to Liebreich, seldom occurs, the prognosis is very unfavorable, as this phenomenon, according to Nagel, indicates copious intraocular hemorrhage.

These intraocular hemorrhages belong especially to the principal sequelæ of iridectomy, and, if not necessary, are at least the most frequent results of rapid distension of the bulb, and are likely to come on after operations on acute or fulminating glaucoma. Resorption of these extravasations takes place if they are not too copious; in which case there frequently remains a partial dimness of the field of vision.

The attempt to operate in the earliest stages of acute glaucoma frequently hastens an attack in the sound eye, especially if it has the germs of the same disease. This danger manifests itself generally on the second or fourth day after the operation. This result, however, is often balanced by the success that is obtained by an operation in the first stage of acute glaucoma, and which is applicable in the same manner to the secondarily affected eye, and we should not fail to call the patient's attention to this possibility. The formation of a cataract may occur from injury to the capsule, exceptionally by the bursting of the capsule and the zone ciliaries, in consequence of the rapid discharge of the contents of the chamber. Sometimes a peculiar cicatrix is found at the place of the operation, in which

the edges of the wound are drawn back and connected by cicatricial cords, between which a thin membranous transparent substance is spread. This is finally broken down, the aqueous humor flows into the conjunctival tissue and raises the conjunctiva in blisters. This condition may remain unchanged for a long time, but may prove a cause of irritation which, by neglect, may be followed by hypopyon, with secondary iritis, and even panophthalmitis.

The peculiar cicatrix which von Graefe called cystoide depends, probably, on the anatomical relations of the sclera, and occurs often, also, after peripheral linear extraction, while it is never found in pure corneal wounds. There is no doubt but that intraocular pressure has some influence, as it is extremely rare to find such cicatricial formations in other cases than glaucoma. To prevent cystoidal cicatrix formations, it is necessary for the first weeks after the operation to observe strict dietetic rules, and light periodical compression on the bulb.

Extensive ectasia is divided with a cataract knife, the flap removed with scissors, and a light compress applied; the patient is directed to remain quiet in bed for several days.

EXTRACTS FROM SOME OF THE PAPERS PRESENTED AT THE SIXTEENTH ANNUAL SESSION OF THE HOMOEOPATHIC MEDICAL SOCIETY OF PENN., SEPT., 1880.

VESICO-VAGINAL AND RECTO-VAGINAL FISTULA.

A patient, 55 years of age, had been under various forms of treatment for eight years. The following symptoms were present: Great sadness and despondency; yellowish complexion, sunken eyes; gums, mouth and throat sore and ulcerated, with much pyalism and burning, stitching pains. All the symptoms worse on a change to damp weather, with a suspicion of a syphilitic taint, led to the use of *Nitric acid*⁶². An injection of equal parts of glycerine and rose water was also used. This treatment was continued for nearly eight months, and a complete healing of the fistula was the result. (W. D. Hall.)

A MODIFICATION OF THE VANCE JACKET.

After getting a plaster cast of the curvature, the jacket is made by using crinoline strips, one to two inches in width and long enough to reach two-thirds around the cast. Beginning at the lower part of the back the strips are applied horizontally (with prepared glue), overlapping one-half of the strip each time. The front is done in the same way. Next apply steel rods (hoop skirt steel) perpendicularly, two inches apart and wrap with strong linen thread, covering all with a coat of glue. Then a second layer of crinoline, but applied perpendicularly, lapping as before, wrapping with thread, and covering with glue. The third layer of crinoline is put on like the first and covered thickly with glue. The jacket is allowed to dry, when it is cut down the front and removed. It is thoroughly perforated and covered inside and out with shellac, bound around the edges with chambray skin, and English walking-shoe hooks inserted for lacing. It is worn next to a close fitting undershirt. No padding is used, and when the jacket becomes soiled it can be readily cleansed with cold water and a sponge. When the jury mast is required, it is placed next, and externally, to the steel rods, thoroughly wrapped with linen thread, and the jacket finished as before. (S. C. Scott.)

SARCOMA: OPERATION AND SUBSEQUENT TREATMENT.

The patient, a lady, was suffering with a tumor of the left breast. The whole gland was involved and was very hard, purple, and for quite a space seemed to adhere to the skin as if just ready to break through. *Lach.*⁶³ changed the color of the tumor, and relieved the darting and corrosive pains which she experienced. The tumor

was finally amputated by Dr. J. H. McClelland of Pittsburgh. The wound was dressed with carbolic oil and the severe pain relieved by *Staph.*⁶⁴ When the wound had healed, which it did kindly, I put her upon the second decimal dilution of carbolic acid, in water, every two hours, which she has taken ever since (three years) with only one interruption. The tumor was a spindle-celled sarcoma and weighed five pounds and six ounces. (H. N. Martin.)

GANGRENA.

The patient was a maiden lady, 62 years of age. The second toe appeared as a black, shrivelled eschar. Great restlessness, pain, heat, swelling, redness, burning and tingling in all the toes of the affected foot, and also cramps in the calf of the leg. *Secale cor.* was prescribed and bread and milk, with crude pulverized charcoal, applied externally. There was no improvement followed this treatment, but rather a tendency of the disease to spread upwards, with tearing, burning pain relieved by motion. *Arsen. alb.*⁶⁵ was given and two days afterwards a well-defined line of demarcation was established. One week later the dead tissue was removed and the patient was soon restored to health. Six months later she noticed a dark bluish spot on the extremity of the great toe of the same foot. The cuticle was detached and the skin under it of a dark red color. She felt uneasiness through the foot and ankle joint, particularly at night: tearing pains, heat, redness and swelling supervened. *Arsen. alb.*⁶⁶ was given and the same poultice applied. Improvement began immediately, and the line of separation could be traced. A few days later the gangrenous portion of the toe (nearly one-half of the member) was amputated and recovery was prompt.

In a case of compound, comminuted fracture of the femur, involving the knee-joint, where acute, humid gangrene ensued, with a tendency to spread upwards, and accompanied with marked constitutional symptoms, *Arsen. alb.*⁶⁷ arrested the mortification. After the amputation of the thigh, gangrene occurred in the stump, when *Arsenicum* again arrested the mortification and counteracted the typhoid symptoms. (J. J. Detwiller.)

Eserin in Glaucoma. CASE I.

Patient had suffered from neuralgia for years, but within the last six months, after an unusually severe attack of headache, she noticed that her vision was blurred. Objective symptoms: The left eye would follow the light of a candle, but could not define the shape of the blaze. The field was rather contracted; pericorneal injection; iris widely dilated and immobile; shallow anterior chamber; T + 2; cornea sensitive; fundus not visible. The right eye was apparently normal. A broad iridectomy upwards was performed and the usual after-treatment pursued, which was followed by entire relief of all pain after the second day. Two weeks later there was still a moderate ciliary injection, an appreciable increase of tension, and no variation in the vision. A drop of a four grain solution of *Eserin Sulph.* was instilled every six hours for three days, and a drop night and morning for three weeks longer. At this time vision stood $\frac{1}{100}$, and she could read Jæger, No. 4, with some increase in strength of her former glasses. The drug was discontinued on account of a slight headache with conjunctival irritation. Eight months later, there had been no return of the neuralgia and the vision remained the same.

CASE II.—Patient, aged 48 years, suffered from neuralgia, headache, pain in the eyes and defective vision of the left eye. Objective: The glare of a lighted candle could be barely detected in the centre of the field of vision of the right eye. T + 2; mild ciliary injection; dilated pupil; insensitive, slightly steamy cornea; cloudy vitreous; fundus not visible. With the left eye she read Jæger, No. 17, at about eight inches with difficulty. T + 1; ciliary injection; clear and sensitive cornea; vitreous somewhat cloudy, but sufficiently clear to permit a view of the disc, which showed the characteristic

excavation. An iridectomy on each eye relieved the pain. Instillation of *Eserin* was immediately begun, and at the end of ten days an examination of the vision showed for the right eye a marked improvement; for the left, no change, although the media seemed somewhat clearer. A continuation in the use of the *Eserin* produced an improvement in the left eye, which was still continuing at the last report.

CASE III. This patient was attacked two months ago with severe pain in his left eye, with great redness of the ball, but no discharge except of tears. Record: Vision perfectly blank, even for bright light; general coarse injection of the conjunctiva; marked pericorneal redness; T + 2; he bears the touch of the fingers on the cornea without finching; the pupil is dilated and without motion; the lens is clear; the fundus is not visible. Instillation of *Eserin*, four grains to the ounce, was ordered, but reduced to one-half strength on the second day, on account of severe headache. At the end of a week an examination showed a slight appreciation of light; a blurred view of the fundus, and less injection of the ball, both ciliary and otherwise. The patient is still under treatment. (C. M. Thomas.)

ARSENICUM IODATUM IN SCROFULOUS OPHTHALMIA.

This remedy has a range almost identical with that of *Arsenicum alb.*, with the addition of the more pronounced iodine dyscrasia. The patient is ill-nourished, but not necessarily emaciated, with the pale, pasty complexion, and hard, distended abdomen, so characteristic of a scrofulous diathesis. The skin easily becomes sore from a trifling wound or hurt, remaining red and irritated for a long time, but without suppuration. The red and shining skin around the hard and brittle finger-nails, seems constantly to threaten the formation of a panaritium. The glands of the neck are swollen, but not painful. The eyelids, most frequently the upper ones, are oedematous and swollen, and are spasmodically closed on account of the intense photophobia, which also compels the child to hang its head, or to bury its face in its nurse's lap or arms. The tarsal margins are tumefied and red, and become excoriated in consequence of the acrid discharge. Lachrymation, on attempting to open the lids, is generally very profuse and excoriating. The injection of the ball is not, generally, very intense, but is deep seated, as in all corneal affections. The phlyctenulae are on the cornea or on the limbus corneae, and tend to break down into superficial ulcerations. If these phlyctenulae are confined to the conjunctiva the remedy is rarely indicated. There is, also, as in *Arsenicum alb.*, an acrid, watery discharge from the nose, excoriating the nostril and upper lip. The child seems to suffer more from itching of the lids than from pain, for it will violently rub its eyes with its fists, with evident relief, for a time, of the symptom that caused the action. Add to these a fretful restlessness, night and day, and we complete the picture of a case of scrofulous ophthalmia that will most probably be benefited by *Arsenicum iod.* (W. H. Bigler.)

NEURALGIA DURING PREGNANCY.

The pain was in the right side of the head, face and jaws, worse in the morning; face pale; unable to sleep; anxious and low-spirited; the patient was fearful that she would not recover after confinement; pressing down pains in the hypogastrium and iliac regions; frequent calls to urinate, accompanied with some pain. *Graph.* was given and in about two days she seemed to be cured. A few days afterwards there was a return of the pain in an increased form, the other symptoms remaining about the same; but the time of accession was changed, the attack coming on in the evening and lasting until near morning. *Bry.* was given with apparent amelioration, but the pains returned in a week more severe than ever. The previous attacks had caused considerable prostration and, owing to her weakened condition, the patient was more despondent and less able to endure the excruciating suffering. *Bry.* was given and the pains were promptly

removed. Ten days later feeling slight indication of a return of the pains, *Bry.* was again given. The neuralgia disappeared and she improved in strength and appearance. Three months later she was confined. (J. Lefever.)

PURPURA HÆMORRHAGICA.

Mrs. J. F. S., a widow, aged 60 years, had complained for several days, of lassitude, diminished appetite and general malaise, followed by bleeding from the mouth and nostrils. When seen by Dr. Shough, the following symptoms were present: Paleness of the skin; an anxious, alarmed, and confused expression of countenance; bleeding very freely from the mouth and nose; tongue coated and covered with dark blood; phlyctenulae in the buccal cavity. *Hamamelis* was given for twenty-four hours, without effect. An alarming prostration, and an increase of the bleeding from the mouth and nose ensued, to which was added a discharge of dark coagulable blood per anum, and hematuria. I was called in consultation and found the pulse to be 67 to 70; skin dry; tongue thickly coated with sordes and dark blood; blood oozing from its side and under surface, as well as from the gums and the whole epithelial or mucous lining of the mouth, palate, tonsils, and fauces; three isolated phlyctenulae of the size of a large lima bean, resembling thrombi, on the right, and one on the left, inside of the cheek, which were very prominent and from which dark blood oozed freely. Blood was passed per anum without fecal admixture; and the urine contained black, rather ropy blood, which constituted about three-fourths of its entire quantity; ecchymotic spots or petechiae were very numerous on the upper and lower extremities, and were increasing in number. *Phos.* was given, but on the next morning the symptoms had rather increased. She now had no appetite; extreme prostration; fainting when raising the head; the pulse was unchanged. *Terebinth.* enabled the patient to make a speedy recovery. The bleeding preceded the appearance of the ecchymoses on the lower extremities. On the hands and forearms they were observed on the first visit, and continued to increase. (H. Detwiller.)

SOLAR NEURALGIA.

Mr. H. A., forty-five years of age; large framed; has been very hearty, never suffered with anything except chronic diarrhoea in early life; used to daily hard work, but not a large eater; uses no stimulants; in short, would be picked out as one of the finest specimens of mankind in the neighborhood; never had syphilis in any form; has not been exposed to malaria, to his knowledge (in this district we hardly know ague, only as it is imported from a distance). For a week he has had a slight cold, sneezing, some heated, excoriating water running from his nose and eyes. After the third day of this cold, he had an aching pain over the left eye, in the left temple, coming about 4 A. M., very gradually increasing until 11 A. M., and from 3 P. M., as slowly decreasing, until by 6 P. M., it was entirely gone, not to return until 4 A. M., again. At first, the pain was only aching, but after a few days it became sharp, cutting and boring, with a terrible sense of fullness. By the end of a week the pains had become so severe that the patient would roll and toss in agony. The pulse was somewhat increased, the temperature but slightly elevated; face flushed; no perceptible hyperæsthesia of the skin or discoloration of any kind. *Stannum* cured promptly after the failure of *Nux. Bell., Arsen.*, etc. (J. E. Jones.)

[Several other cases are given, where the result of this treatment was prompt and permanent. The Doctor also called attention to the benefits arising from the continued and persistent use of *Cale. Phos.*, in curvature and caries of bones, and relates two interesting cases in support of this advice. No mechanical appliances were used.]

CHOREA.—The patients were two boys and two girls, all under the age of puberty. *Thuja* was given morning and evening, removed the difficulty within three weeks. (S. R. Rittenhouse.)

SPONGIA IN BASEDOW'S DISEASE.—A married woman of 36 years, good constitution, luxuriant black hair, dark eyes, always very healthy, commenced 3 months since with frequent attacks of palpitation of the heart, for which she took several domestic remedies. The attacks, however, became more frequent and violent, and the allopathic prescription of *Digit.* and *Laurocerasus* proved ineffectual. Frequent dizziness, no appetite. *Haller's Acid* also ineffectual. The patient feels discouraged, has frequent dyspnea and sleeplessness. Has an anxious, staring look, and her eyes have apparently grown larger and more prominent within the last fortnight. The glandular thyroidea considerably larger. The beats of the heart stronger and faster, but no abnormal sounds nor enlargement. Menses normal. *Spong.* 3 trit., twice daily, as much as a pea. A few days later the tumultuous action of the heart less, feels and sleeps better, and would like to leave the bed for a few hours. One week later she attended to her household work and felt cheerful. The action of the heart normal, palpitation much less frequent, weaker and not distressing. One week still later, action of the heart and appearance of the eyes perfectly normal. The thyroid gland does not seem much smaller, although she thinks that the dress around her neck does not feel as tight as formerly. One fortnight later the swelling of this gland had disappeared.—*Alg. H. Ztg.*, 102, 13, *Hirsch.* (Trans. by F. G. Oehme, M.D.)

PASSAGE OF COLORING MATTER THROUGH THE KIDNEY.—M. Cornil (*Le Prog. Med.*) injected the jugular vein of a rabbit with the prussiate of potash, and then killed it; the kidney was then removed and an injection of dilute perchloride of iron thrown into the renal artery. The organ was then hardened in osmic acid, and at the histological examination the cells of the canaliculi were found colored by the prussian blue. Section of a tube also showed the cells colored in blue. The coloring substance filters through the tubuli as well as through the glomeruli. This experiment reproduces the condition which takes place in the blood globules in the case of increased tension of the blood in the renal vein. If we ligature this vein we will see in the preparations the glomeruli and uriniferous tubes filled with red globules, although the cells of the epithelium may be in place and intact. (T. M. S.)

ANHYDROUS CHLORAL AS AN ANTIPUTRESCENT.—M. Brown-Séquard (*Le Prog. Med.*) in the animals experimented upon with this substance, found no sign of putridity at the end of seven days. Hydrate of chloral when mingled with glycerine has been known for some time as an antiputrid agent, and it may be asked whether the effect of the anhydrate is not due to its transformation into the hydrate. B. S. did not think this was the case, since only 1 cc. of the chloral had been used and the amount of the hydrate formed from this would be very limited.

M. Laborde said the preservation of animals by this method was carefully studied by Personne, especially the mummification produced by it. M. L. had seen animals which had been preserved for three years. This mummification is still more marked when intravenous injections have been employed. (T. M. S.)

SECTION OF THE SPINAL CORD AND ELONGATION OF NERVE.—M. Brown-Séquard (*Le Prog. Med.*) says: If we make a partial section of the spinal cord and then on the anæsthetic side, elongate the sciatic nerve, we will see the anæsthesia give place to hyperæsthesia. Does this elongation produce a morbid excitation which renders the nerve more sensitive? By no means, for in the guinea-pig, in which the two external toes receive nerve force through the sciatic nerve, while the internal receives it from the crural, the hyperæsthesia consecutive to the stretching of the sciatica extends to all the toes. This hyperæsthesia may even extend to the anterior

member. In a dog, where, after the hemisection of the cord in the dorsal region, there was, as usual, hyperæsthesia on the side of the section, and anæsthesia on the opposite side, if the sciatic nerve was stretched there was immediately a very marked hyperæsthesia; at the same time the anterior limbs were rigid and contracted, and the temperature was more elevated on the side in which the sciatica had been stretched than on the side of the section. In order to explain these facts, R. S. recalls the fact that section of the pons Varolii produces hyperæsthesia of the corresponding side, and anæsthesia of the opposite side; if under these circumstances, we cut below the opposite half of the cord, we will find that the sensibility in the two posterior members has changed, the first side becomes anæsthetic and the second hyperæsthetic. These experiments serve to interpret the phenomena consecutive upon the stretching of a nerve; the stretching of a nerve upon the anæsthetic side produces in the cord a new irritation and acts similar to a section of the cord on that side.

M. Laborde denies these explanations and conclusions. He says that after a complete section of the cord we find complete and partial epilepsy; if now we make elongation of the nerve, we see the spinal epilepsy arrested by pinching the member of that side, but if the foot of the opposite side is pinched we have an epileptoid trembling in the foot on the side where the nerve has been stretched. The stretching of the nerve opposes then the passage of the sensitive current, while the motor current continues to pass. He thinks that the phenomena observed ought to vary with the extent of the elongation, and that there is here simply a question of measure. In locomotor ataxia there is a suppression of the pains because, after the elongation, the sensitive current no longer passes, and if there is less trouble in the inco-ordination of the movements, it is on account of the part that the sensibility takes in the motor function. (T. M. S.)

TREATMENT OF STERILITY DUE TO ACIDITY OF THE UTERO-VAGINAL SECRETIONS.—The conclusions of Dr. Charrière are as follows:

1st. There are certain cases in which an acidity of the utero-vaginal secretions (determined by the use of litmus paper) present the only bar to conception, the spermatozoa being destroyed by the contact of the acid liquid before conception can occur.

2d. To remedy this abnormal condition, recourse must be had to an alkaline treatment, comprising the employment of alkaline drinks, baths and injections.

3d. The acidity then disappears, the secretions become neutral in reaction, and the obstacle to conception is removed.

4th. In this way we may account for the cure of sterility in those frequenting the hot-alkaline and sulphuro-alkaline springs.

CANCERS.—Mr. Herbert Snow gives in the *Lancet* the result of the study of a large number of cases of cancer: 1. Hereditary tendency as a predisposing cause of cancer is almost valueless, and in practical diagnosis should be altogether ignored; 2. Mechanical injuries directly produce cancer, in a small percentage of cases; 3. Mental trouble and hard work are the most potent agents in the production of cancer.

KARA-KARA.—Dr. Childs finds excellent effects from this drug if given within forty-eight hours. He puts an ounce of the tincture in four ounces of water and gives a dessert spoonful every two hours the first day, and every three hours the second. If no relief follows in forty-eight hours the drug is to be discontinued. He thinks it is almost a specific for chordee in any stage.

DEATH from inhaling two ounces of ether (Squibbs) is reported.

PAINLESS OPERATION FOR IN-GROWING TOE-NAIL.—In the *Independent Practitioner*, of November, 1880, Dr. J. H. Converse says, a painless remedy for in-growing toe-nail consists in wedging cotton under the free margin of the nail, placing over it a piece of adhesive plaster with a hole cut into it the size and shape of the nail to be removed; then moisten the end of a pencil of caustic silver and apply it to the part to be removed, taking care not to touch any other portion. The next day the nail will have assumed a black or brown appearance. Upon raising the nail it will be found to have become separated from the sub-adjacent tissue, and all that is required to complete the cure is to clip off the dead portion.

The *Medical Record* asserts that "*Ipecac* is a most unreliable anti-emetic," thereby admitting that it really does possess such qualities. We would suggest to our colleague that the highest appreciation of progressive scientific investigation should lead us to find out *which* the *Ipecac* cases are, rather than to abandon it because it cannot be *generalized*. The sooner our friends learn to individualize drug-action, just as they do diseased conditions, the sooner they will become better therapeutists, and mankind the gainers.

THE American Committee of Arrangements of the International Homoeopathic Convention, to convene in London, July 11 next, has issued a circular covering information of great value to such as have any idea of attending the meeting. The times of sailing, rates of fare, and other information regarding the various steamship lines, can thus be ascertained. The committee is desirous of knowing, as soon as may be, the names of our countrymen intending to be present on the occasion.

THROUGH the confession of Buchanan, the authorities will probably be able to get to the bottom of the bogus diploma business. We do not see from the report that any respectable person has been in any way mixed up with this miserable business, either in issuing or receiving so-called diplomas. The *Staats Examen* is the only safe plan upon which to grant the degree of Doctor of Medicine—the most important degree that can be conferred—and it should become universal.

Vade in Pace.—The *Anglo-American Journal* called the "*Organon*" is no more, and no potency could be raised high enough to save it. Dr. Skinner, who was its principal editor, is equal to most excellent work, and we regret that he should find it agreeable to spend so much time upon non-essentials and the purely theoretical.

We regret to learn that the illness of Mr. W. A. Chatterton has delayed the publication of the second volume of Hemple & Arndt's *Materia Medica*, but are assured that this most valuable addition to our literature is well advanced toward completion, and subscribers may expect soon to receive the volume in question.

CORNS may be cured without pain by using thirty parts salicylic acid, five parts extract *Cannabis Indica*, and 240 parts of collodion. Mix well and apply by means of a camel's hair pencil. So says Mr. Gezon, a Russian apothecary.

DR. CHAR. W. CALHOUN (*Med. Record*) reports an interesting clinical case in which three gall stones were removed through the abdominal walls. Nature had commenced the operation by forming adhesions and sinuses.

DIED. — Dr. Charles H. Chamberlin at Barre, Vt., on Feb. 23d.

THE OHIO HOMOEOPATHIC MEDICAL SOCIETY will hold its seventeenth annual session on the 10th and 11th of May at Toledo. We learn from Dr. H. F. Beebe, the Secretary, that the coming session promises to be one of the most interesting and profitable ever held by the Society, as a large number of papers from eminent physicians are promised. The Ohio Society numbers some of the most practical and cultivated men in our ranks, and the readers of the *TIMES* will be very glad to hear from them in council in their State Society.

DR. C. A. MAYER has been appointed Resident Physician to the Brooklyn Hom. Hospital. This institution now has an ambulance service which provides a large number of accident cases, thereby adding to its facilities for clinical instruction.

CHAR. DEADY, M. D., Resident Surgeon at the N. Y. Ophthalmic Hospital, reports for February, number of prescriptions, 3,536; new patients, 539; residents, 22; average daily attendance, 153; largest, 217.

A SEMI-ANNUAL meeting of the Homoeopathic Medical Society, of Northern New York, will be held in the Common Council Room, City Hall, at Troy, Tuesday, April 19, 1881. H. M. Paine, Secretary.

DR. J. J. NAVARRO has returned to his old field of practice in Santiago de Cuba, and is engaged in writing a *Manual of Homoeopathic Practice*, for popular use. We are sure the work will be well done.

DR. J. C. GUERNSEY, Editor of the *Trans World's Hom. Convention*, desires us to say that he would be glad to hear from any thus entitled, who have not received the volume.

DR. C. E. FISHER is looking carefully after the interests of "our school," in the proposed establishment of a medical department of the University of Texas.

DR. J. P. DAKE, of Nashville, Tenn., has been requested to prepare a paper on "Drug Attenuation," to be read at the meeting in London next July.

DR. CRANCH, the Secretary, writes us that the next meeting of the American Pædological Society will be held in this city June 13.

FIFTEEN candidates applied for the Competitive Examination for position upon the House Staff of the Hom. Hospital, W. I.

REMOVALS.—Dr. S. Lillenthal to 228 West 34th street, after May 1st. Dr. Louise Gerrard to 54 West 33d street. Dr. Amelia W. Stockwell to Hillside Avenue, Roxbury, Mass.

DR. W. E. LEONARD, late of the House Staff Hom. Hospital, W. I., has located at Minneapolis, Minn., and Dr. A. M. Eastman, at St. Paul.

MR. GEORGE I. SENEY has given \$270,000 for a general hospital to be located in the southern part of Brooklyn.

ERRATA.—On page 252, Feb. number, Dr. Oehme's translation should read *Iodium* in place of "*Sodium*."

DR. A. P. WILLIAMSON, Chief of Staff, reports 794 patients treated at the Homoeopathic Hospital W. I., during March, with a death-rate of 3.02%.

WE shall continue to send the *Journal* to old subscribers not too much in arrears, unless otherwise ordered, and we will thank any who do not wish it, to so inform us *at once*. Delinquents will confer a great favor by sending their little balances and enable us to do more and better work.